



APPLICATION FOR NON-IMMIGRANT VISA

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES THE HAGUE, THE NETHERLANDS

Please fill in the blanks completely and correctly in CAPITAL LETTERS

If not applicable write N/A

F.A. FORM NO. 2-A
REVISED 2020

Monthly Count No. _____

Visa No. _____

Date of Issue _____

Date of Expiry _____

Visa Sticker No. _____

9a 9c 9e()
 SINGLE ENTRY
 MULTIPLE ENTRY
 ___ Months 1 Year

O.R. No. _____

Service No. _____

Fee _____

Series of _____

Colored Photograph

White background taken within the last six (6) months without eyeglasses, clearly showing the full front view of the face

Signature in front of photo

1	SURNAME (LAST NAME)				
2	FIRST NAME (SPECIFY ALL)				
3	MIDDLE NAME (IF ANY)				
4	DATE OF BIRTH <small>(EX. 01 JANUARY 2000)</small>		5	PLACE OF BIRTH	
6	CITIZENSHIP		7	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			8	AGE	
9	CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHERS _____ If married, full name of spouse _____ Citizenship of spouse _____			
10	PASSPORT NUMBER		11	ISSUING AUTHORITY	
12	DATE OF ISSUE		13	DATE OF EXPIRY	
14	LENGTH OF STAY IN THE PHILIPPINES <small>(NUMBER OF DAYS)</small>		15	DATE OF ARRIVAL IN THE PHILIPPINES <small>(EX. 01 JANUARY 2000)</small>	
16	PURPOSE OF TRAVEL	<input type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHERS (SPECIFY) _____			
17	COMPLETE ADDRESS IN THE NETHERLANDS				
18	MOBILE NUMBER (REQUIRED)				
19	EMAIL ADDRESS (REQUIRED)				
20	PRESENT OCCUPATION				
21	NAME AND CONTACT NUMBER OF EMPLOYER OR COMPANY				
22	FINANCIAL MEANS TO SUPPORT TRAVEL				
23	CONTACT PERSON OR COMPANY IN THE NETHERLANDS <small>(NAME / ADDRESS / CONTACT NUMBER)</small>				
24	CONTACT PERSON OR COMPANY IN THE PHILIPPINES <small>(NAME / ADDRESS / CONTACT NUMBER)</small>				
25	PLACES TO VISIT IN THE PHILIPPINES <small>(SPECIFY ALL)</small>				

26	NEXT DESTINATION AFTER THE PHILIPPINES	
27	WERE YOU EVER REFUSED ANY KIND OF VISA, DENIED ADMISSION IN TO OR DEPORTED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES?	<input type="checkbox"/> NO <input type="checkbox"/> YES, state circumstances _____ _____
28	HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE, A DANGEROUS PHYSICAL OR MENTAL DISORDER, OR BEEN A DRUG ABUSER OR ADDICT?	<input type="checkbox"/> NO <input type="checkbox"/> YES

I UNDERSTAND THAT I MAY ONLY ENTER THE PHILIPPINES AT A PORT OF ENTRY DESIGNATED BY THE PHILIPPINE IMMIGRATION AUTHORITY AND THE PERMISSION OF AND UNDER THE CONDITIONS, INCLUDING GIVING OF A BOND, IMPOSED BY THOSE AUTHORITIES.

I **SOLEMNLY SWEAR** THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ Date

_____ Signature over printed name

SUBSCRIBED AND SWORN TO BEFORE ME ON _____ IN THE CITY OF THE HAGUE, THE NETHERLANDS.

_____ Signature of Consular Officer

FOR EMBASSY USE ONLY

<input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> 9a <input type="checkbox"/> 9c <input type="checkbox"/> 9e() <input type="checkbox"/> MULTIPLE ENTRY <input type="checkbox"/> _ Months <input type="checkbox"/> 1 Year	Remarks
VISA NUMBER : _____	
DATE OF ISSUE : _____	
DATE OF EXPIRY : _____ AS NON-IMMIGRANT	
UNDER SECTION 9 : _____ OF THE PHILIPPINE IMMIGRATION ACT OF 1940.	

ENCODED BY : _____	PROCESSED BY _____
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PASSPORT CLAIMED ON: _____	SIGNATURE _____
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