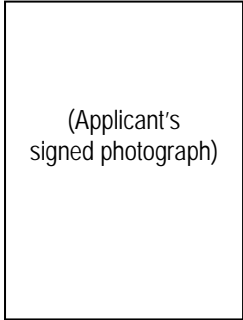


FOREIGN SERVICE OF THE PHILIPPINES
 Philippine Embassy
 Berlin, Germany



APPLICATION FOR QUOTA / NON-QUOTA IMMIGRANT VISA

Instructions : This form should be accomplished in duplicate, the original to be given to the applicant and the duplicate to be filed at the Post.

1. Surname	2. First Name	3. Middle Name	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Date of Birth (Day-Month-Year)		6. Citizenship	
7. Place of Birth	Contact details : Mobile number :	email address:	
8. Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	
9. If married, state name and address of spouse			
10. Names and dates of birth of children 1. 2. 3.			
11. Applicant's address(es) for the last 5 years 1. Since : 2. Since : 3. Since :			
12. Occupation			Since :
13. Father's Name		14. Mother's Name	
15. Place where the applicant intends to reside in the Philippines			
16. Occupation to be pursued : Name and address of employer, if any :			
17. Nearest relatives in the Philippines			
	Name	Address	Relationship
1.			
2.			
18. Have you ever been institutionalized for any mental disorder?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state when and where:			
19. Do you have any physical defect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature of defect:			
20. Have you ever been convicted of any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state when, where, and nature:			
21. Are you afflicted with any contagious disease?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature:			

22. State the basis for your claim as <input type="checkbox"/> preference quota immigrant <input type="checkbox"/> non-quota immigrant :
23. Were you ever refused a visa of any kind by any Philippine diplomatic or consular Post? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state where, when and reason:
24. Were you ever refused any kind of Philippine visa, denied admission into or deported from the Philippines, and/or removed at government expense from the Philippines and/or other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state circumstances:

I understand that I may enter the Philippines at the Port of Entry designated by Philippine immigration authorities and under the conditions imposed by those authorities.

I SOLEMNLY SWEAR that the foregoing statements are true to the best of my knowledge.

.....
Date

.....
Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____ at the Philippine Embassy, Berlin, Germany.

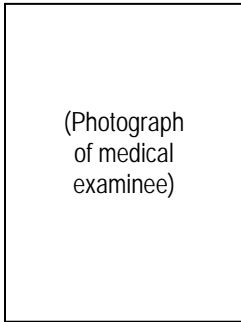
Doc. no.: _____
 Book no.: _____
 Page no.: _____
 Series of: _____
 Service no.: _____
 O.R. no.: _____
 Date: _____
 Fee paid: _____

(Seal)

.....
 Consul of the Republic of the Philippines

(For Official Use Only)
<p style="text-align: center;">Immigrant Visa no. _____</p> <p><input type="checkbox"/> Quota Immigrant no. _____</p> <p><input type="checkbox"/> Non-Quota Immigrant under Section _____ of the Philippine Immigration Act of 1940, as amended.</p> <p style="text-align: center;">Issued on _____ and valid until _____.</p> <p>Bearer has the following travel document:</p> <p>Type: _____ No.: _____ Date of Issue: _____</p> <p>Issued by: _____ Valid until: _____</p> <p>Service no.: _____ O.R. no.: _____ Date: _____ Fee paid: _____</p> <p style="text-align: right;">(Seal) Consul of the Republic of the Philippines</p>

FOREIGN SERVICE OF THE PHILIPPINES
 Philippine Embassy
 Berlin, Germany



MEDICAL EXAMINATION FOR VISA APPLICANTS

At the request of the Philippine Embassy, Berlin, Germany, I certify that on the _____ day of _____, 20__ at _____ I examined:

.....
 (First Name) (Middle Name) (Surname)

_____ (Age) _____ (Sex) _____ (Citizenship) and that under the Philippine Immigration Regulations, the applicant should be classified as follows (*check the appropriate class*):

<input type="checkbox"/>	A. Idiots, insane person, person who had been insane, person afflicted with epilepsy or loathsome or dangerous contagious disease such as: tuberculosis, venereal disease, trachoma, ringworm of scalp, nail or beard, actinomycosis, favus blastomycosis, mycetoma, leprosy, yaws, amebiasis, leishmaniasis, filiarisis, schistosomiasis, paragonomiasis.
<input type="checkbox"/>	B. If not Class A: Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.
<input type="checkbox"/>	C. Persons having diseases or defects that do not come under Class A or B.
<input type="checkbox"/>	D. Not physically or mentally defective or diseased.

MEDICAL RECORD

1. Pertinent health information (Medical History):
2. Significant findings on physical examination:
3. Laboratory examinations (ATTACH LABORATORY RESULTS):
 - A. Stool
 - B. Urine
 - C. Blood Khan
 - D. Other examination indicated
4. CHEST X-RAY REPORT
5. REMARKS

.....
 (Name and Signature of Examiner)

.....
 (Hospital)