



Foreign Service of the Philippines
Philippine Consulate General, Chicago



FA Form No.2A

Number of Entries Requested
 Single Entry
 Multiple Entry

APPLICATION FOR NON-IMMIGRANT VISA

Please provide requested information. Answers must be in English, legibly in **BLOCK** letters. Use **BLUE PEN** and write "N/A" if not applicable.

1. Name (Last name, Given name, Middle name as it appears in passport)			Applicant's Passport-size Photograph taken within the last 6 months DO NOT STAPLE
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X ¹	3. Nationality or Citizenship/s ²	4. Date of Birth (dd/mm/yyyy)	
5. Place of Birth (City, Province, Country)		6. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Others: _____ Name of spouse: _____	
7. Occupation	8. Home Address		
9. Contact No.	10. Email Address	11. Social Media and Account Name	
12. Father's Full Name		13. Father's Citizenship	
14. Mother's Full Maiden Name	15. Mother's Citizenship	16. Name of travelling companion (for minors ³ only)	
17. Type of Passport <input type="checkbox"/> Regular <input type="checkbox"/> Official/service <input type="checkbox"/> UNLP/EULP <input type="checkbox"/> Diplomatic <input type="checkbox"/> Travel Document/Alien Passport <input type="checkbox"/> Emergency			
18. Passport No.	19. Issued by:	20. Date of Issue (dd/mm/yy)	21. Valid Until (dd/mm/yy)
22. Purpose of Entry (please check all possible boxes)			
<u>Leisure</u> <input type="checkbox"/> Tourism <input type="checkbox"/> Cruise Passenger Vessel Name _____ <input type="checkbox"/> Visit relatives/friends	<u>Health/Wellness</u> <input type="checkbox"/> Health tourist (for minor treatments) <input type="checkbox"/> Health traveller (for major treatments and/or procedures) <input type="checkbox"/> Accompanying guest/s for medical treatment	<u>Business</u> <input type="checkbox"/> Meeting/conference/seminar <input type="checkbox"/> Invited/sponsored by Philippine company <input type="checkbox"/> Exploring business opportunity	<u>Official Business</u> Sponsored by: <input type="checkbox"/> Philippine Government entity/official <input type="checkbox"/> Foreign Government <input type="checkbox"/> International Organization
23. Date of expected arrival (dd/mm/yyyy)		24. Port of entry	25. Length of stay in the Philippines () days
26. Flight number		27. Destination after the Philippines (if applicable)	
28. Place/s of stay in the Philippines (complete address)			
29. Reference/s in the Philippines: (if for health reasons, please specify medical center/facility/sponsor)			
Name		Relation	Contact No.
30. Address of Reference/s in the Philippines			
31. List of Documents Submitted: <input type="checkbox"/> Original Passport <input type="checkbox"/> Proof of Financial Capacity <input type="checkbox"/> Invitation letter <input type="checkbox"/> Travel Itinerary <input type="checkbox"/> Hotel/Room Reservation <input type="checkbox"/> Confirmed tickets for return or onward journey to the next port of destination <input type="checkbox"/> Others (please specify) _____			
Please answer the following questions:			Yes
32. Have you ever been issued a Philippine visa? (If yes, attach copies of previous Philippine visas and Philippine arrival stamps.)			No

¹Please check 'X' if sex is not stated or identified in the submitted passport

²For applicants with dual or multiple nationalities, please enumerate all

³For 18 years old and below

33. Have you ever been to the Philippines?		
34. Have you ever been refused any kind of Philippine visa, denied admission into or deported from the Philippines or any other country? If Yes, please provide details: _____		
35. Do you have a valid visa issued by other countries? If yes, attach copy.		
36. Do you intend to eventually study, work, or live in the Philippines? If Yes, please provide details: _____		
37. Do you have any communicable or other disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If Yes, please provide details: _____		
38. Have you ever been convicted of any offense or crime in the Philippines or any other country? If Yes, please provide details: _____		

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

I understand that the issuance of visa is a privilege, not a right. Mere submission of an application and the payment of processing fees do not guarantee nor compel this office to issue me any visa. In addition, I also understand that:

- o The processing and evaluation fee charged for each accepted application is non-refundable.
- o Documents that I have submitted to the embassy/consulate in connection with my visa application shall not be returned.
- o There is a specific process that each application must go through, within a period of __ work days after the date of acceptance of application. I will refrain from making calls, inquiries and other follow-ups on the status of my visa application
- o The consular office is not obliged to provide any information or explanation for refused applications.

Date: _____ (dd/mm/yyyy)

Name and Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF _____.

Consul of the Republic of the Philippines

-----For Embassy/Consulate Official Use Only-----

LOL Verifier: _____

Date Verified: _____

Visa no. _____ granted on _____ valid until _____ as non-immigrant under Section (____) of the Philippine Immigration Act of 1940, as amended.

Entry: Single Multiple

Fee: _____

OR: _____

SN: _____

Remarks, if any:

Document released to:

Name: _____

Date Released: _____

Affix visa and admission stamps below this for applicants for Stateless and those under FSC 211-12

BI Admission Stamps:

AFFIX VISA HERE