



FOREIGN SERVICE OF THE PHILIPPINES
PHILIPPINE CONSULATE GENERAL
TORONTO, ONTARIO, CANADA
IMMIGRANT VISA APPLICATION
☐ QUOTA ☐ NON-QUOTA

Place one colored recently-taken passport-sized photograph. Subject must be against a plain white background. Do not wear eyeglasses.

Please type or print legibly. Do not leave any items blank; write N/A if item does not apply.

Instruction: This form should be filled out in duplicate. The original to be given to the applicant and the duplicate to be filed at the Consulate.

Surname:	First Name:	Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you used any names other than the above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Please indicate:			
Date of Birth (dd-mmm-yyyy)	Place of Birth (town or city, state/province/ Country)	Citizenship	
Present address:		Since	
Telephone Number	E-mail Address		
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Others (specify):		Occupation	Since
If married, state name and address of spouse:			
Father's name		Mother's name	
Place/address where applicant intends to settle in the Philippines:			
Occupation to be pursued:	Name and address of employer, if any:		
Reference and/or immediate relatives in the Philippines:			
Name/s	Address and Phone Number/s	Relationship	
1.			
2.			
3.			
4.			
5.			
Have you ever been institutionalized for any mental disorder? If YES , state when and where:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a physical defect? If YES , state the nature:		<input type="checkbox"/>	<input type="checkbox"/>
Are you afflicted with any contagious disease? If YES , state the nature:		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any crime? If YES , state when, where and nature:		<input type="checkbox"/>	<input type="checkbox"/>
On what basis do you claim to be a <input type="checkbox"/> Preference Quota Immigrant <input type="checkbox"/> Non-Quota Immigrant State the facts on which you base your claim:			

I understand that I may only enter the Philippines at a port of entry designated by the Philippine Immigration Authorities and with the permission of and under the conditions, including the giving of bond, imposed by those authorities.

I solemnly swear that the foregoing statements are true to the best knowledge and belief.

Signature over printed name of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Fee : CAD\$ _____

O.R. No. : _____

Service No. : _____

CONSULAR OFFICER

FOR OFFICIAL USE ONLY:

Processed/LOL cleared by:

Date:

PHILIPPINE IMMIGRANT VISA NO.: _____

☐ Quota Immigrant
Quota No. _____

☐ Non-quota Immigrant under Section _____ of the
Philippine Immigration Act of 1940, as amended.

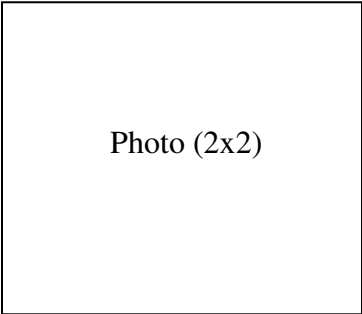
Issued to:		Date:	
Nationality:		Valid until:	
Bearer has the following travel document:			
Type:	Number:	Date of Issue	
Issued by:		Valid until:	
<p>_____ CONSULAR OFFICER</p>			

**DOCUMENTARY REQUIREMENTS FOR 13 (A)
NON-QUOTA IMMIGRANT VISA**

1. Two (2) duly accomplished visa application forms (*FA Form No. 3*). Must be original and signed in ink.
2. Two original copies of FA Medical form No. 11 duly accomplished and signed (*in ink*) by a licensed physician.
3. Original copies of the Laboratory Reports/Examination and chest x-ray film/s with accompanying narrative report of the results of the medical examinations from the duly licensed physician.
4. Passport valid for at least six (6) months beyond the authorized period of stay in the Philippines. (*Machine-readable Canadian passport valid for at least six months*).
5. Six (6) passport-size recently-taken photographs (*taken during the last six (6) months*).
6. Police clearance from the applicant's place of legal residence (note: validity of police clearance must be six (6) months before departure for the Philippines).
7. Has no record of derogatory information against the applicant in any local or foreign law enforcement agency/ies.
8. Official birth certificate (*long form*), either a Statement of Live Birth if born in the province of Ontario or Registration of Birth if born in the province of Manitoba.
9. Marriage Contract (*long form*). Marriage License if married in Ontario or Registration of Marriage if married in the province of Manitoba.
10. Letter-Petition of Filipino spouse (*must be signed in ink. It must be notarized if Filipino spouse will not appear personally at the Consulate*).
11. Proof of Financial Capacity.
12. Such other supporting document/s as the Consular Officer may deem necessary.

FOREIGN SERVICE OF THE PHILIPPINES
MEDICAL EXAMINATION OF VISA APPLICANTS

Place	Date
At the request of the Philippine Consul at the Philippine Consulate General in Toronto	City TORONTO
	Country CANADA



Passport No.:	<i>I certify that on the above date I was examined</i>		
Passport Name	Age	Sex	Citizenship
Surname	First Name	Middle Name	

and then under the Philippine Immigration Regulations the applicant should be classified as follows: (Encircle the appropriate class)

BUREAU OF QUARANTINE Alien Status _____ Date of Arrival _____ Conveyance _____ Date Examined _____ Medical Officer _____ Supervisor _____ Philippine Address: _____ _____ Foreign Home Address: _____ _____ Contact No.: _____	Class	DANGEROUS CONTAGIOUS DISEASE
	A	Chancroid, Gonorrhea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active)
		SERIOUS MENTAL DISORDER
		Mental Retardation (Mental Deficiency), Insanity, Previous Occurrence of one or more attacks of Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
		<i>If not Class A</i>
	B	Persons having physical defects, disease or disability serious in degree or permanent in nature that will impair their ability to earn a living as to make them likely to be a public charge
	C	MINOR CONDITIONS

MEDICAL RECORDS

- Pertinent Medical History:
- Significant Medical Examination:
- Chest X-ray original Report: (Age 11 yrs. and above)
Present recent x-ray film (14x17 inches) or C.D.
- Laboratory Examinations: (Attach original laboratory reports)
 - Blood Serology: RPR/VDRL (Ages: 15 yrs and above)
 - Urinalysis: (Age: 1 yr and above)
 - Stool (Ova and Parasite): (Age: 1 yr and above)
 - Other examination(s) if necessary:
☐ Not physically and mentally defective or diseased

QUARANTINE MEDICAL OFFICER

BOQ ADDRESS

Receipt no.: _____