



APPLICATION FOR IMMIGRANT VISA (13A)

TRAVEL HISTORY

Have you traveled to China, Iran, Italy or South Korea within the last four (4) Weeks? YES NO

Are you planning to travel to/transit via China, Iran, Italy or South Korea before your travel to the Philippines? YES NO

Paste colored photo here.

Subject must be against a white background.

Photo must be taken within the last 3 months.

Do not wear eyewear or headwear.

PERSONAL INFORMATION

Last Name			
Given Name			
Middle Name			
Other Names (aliases)			
Citizenship		Date of Birth	
Place of Birth		Citizenship	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport Number		Passport Date of Issue	
Passport Place of Issue		Passport Date of Expiry	
Email		Phone Number	
Name of Applicant's Father		Citizenship of Father	
Name of Applicant's Mother		Citizenship of Mother	

SPOUSE

Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth
Phone Number	Email Address	

CHILDREN

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	Date of Birth
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	Date of Birth
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	Date of Birth

I certify under oath that all of the information are truthful, complete and correct, and that all of my documents are authentic and valid.

I understand that my application may be denied if any of my statements or submitted documents are false or if I cannot comply with the requirements of the Bureau of Immigration of the Philippines.

I attest that I have not filed this or a similar application with any other Philippine Embassy or Philippine Consulate-General, or any office of the Bureau of Immigration of the Philippines.

SUBSCRIBED AND SWORN to before me this day of	VISA TYPE VISA NO. VALIDITY fr to
Service No.: O.R. No.: Fee Paid:	Processor initials: O.R. No.: Fee Paid:

PASSPORT & VISA RECEIVED :

Date :

.....
Applicant's Signature over Printed Name



EMBASSY OF THE PHILIPPINES | SINGAPORE

APPLICATION FOR IMMIGRANT VISA (13A)

REQUIREMENTS FOR THE APPLICATION FOR A 13(A) IMMIGRANT VISA

Preliminary Documentary Requirements

1. Accomplished Application Form for Immigrant Visa (13A), 2 sets
2. Applicant's valid passport and two photocopies of passport
3. Applicant's original birth certificate and photocopy of birth certificate
4. Spouse's valid passport and two photocopies of passport
5. Spouse's original birth certificate and photocopy of birth certificate
6. Original and photocopy of either NSO-issue Marriage Certificate (authenticated by the Philippines Department of Foreign Affairs) or Report of Marriage issued by the Embassy of the Philippines in Singapore
7. Evidence of Financial Capacity, in the form of Statements of Bank Account dated in the three months
8. Two photographs of Applicant (size 3.5 cm x 4.5 cm)

The above requirements will be processed for clearance. An interview or other documents may be required by the Consular Section of the Philippine Embassy.

If the application is approved, the applicant will be informed and will be required to submit the following:

9. Police Clearance issued by the Singapore Police Force, which will require the Embassy's Letter of Endorsement (a SGD 42.50 fee will apply).
10. Medical Examination to be undertaken by a physician, clinic or hospital in Singapore.
 - Medical examination results, 2 copies
 - Chest x-ray film result
 - Physician to accomplish the Embassy's Medical Examination Form (F.A. Form No. 11)
11. Processing Fee of SGD 382.50, which comprises the visa fee (SGD 255.00) and notary fees (SGD 127.50).

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL EXAMINATION OF VISA APPLICANT

Paste colored photo here.
 Subject must be against a white background.
 Photo must be taken within the last 3 months.
 Do not wear eyewear or headwear.

Place of Medical Examination	Date
At the request of the Philippine Consul at the Embassy of the Philippines in the Republic of Singapore.	

Name of Applicant (as it appears in passport)			
<i>Surname</i>	<i>First name</i>	<i>Middle name</i>	
Passport Number	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship

Under Philippine Immigration Regulations, the Applicant should be classified as follows (Encircle the appropriate class):

<p>FOR THE PHILIPPINE BUREAU OF QUARANTINE:</p> <p>Alien Status:</p> <p>Date of Arrival:</p> <p>Conveyance:</p> <p>Date Examined:</p> <p>Medical Officer:</p> <p>Supervisor:</p> <p>Philippine Address:</p> <p>Foreign Home Address:</p> <p>Telephone No.:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;">Class A</td> <td style="padding: 5px;"> <p>DANGEROUS CONTAGIOUS DISEASE</p> <p>Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), Tuberculosis</p> <p>SERIOUS MENTAL DISORDER</p> <p>Mental Retardation (Mental Deficiency), Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism</p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Class B</td> <td style="padding: 5px;"> <p>Applicant has physical defects, disease or disability serious in degree or permanent in nature that will impair the Applicant's ability to earn a living as to likely make him/her a public charge.</p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Class C</td> <td style="padding: 5px;"> <p>Applicant has a Minor Condition</p> </td> </tr> </table>	Class A	<p>DANGEROUS CONTAGIOUS DISEASE</p> <p>Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), Tuberculosis</p> <p>SERIOUS MENTAL DISORDER</p> <p>Mental Retardation (Mental Deficiency), Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism</p>	Class B	<p>Applicant has physical defects, disease or disability serious in degree or permanent in nature that will impair the Applicant's ability to earn a living as to likely make him/her a public charge.</p>	Class C	<p>Applicant has a Minor Condition</p>
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Class C	<p>Applicant has a Minor Condition</p>						

MEDICAL RECORDS
<ol style="list-style-type: none"> 1. Pertinent Medical History 2. Significant Physical Examination 3. Chest X-Ray Original Report and recent X-Ray film (14 inches x 17 inches) or CD 4. Laboratory Examinations (attach original laboratory results) <ol style="list-style-type: none"> a. Blood Serology: RPR/VDRL (for applicants age 15 years and older) b. Urinalysis (for applicants age 1 year and older) c. Stool (Ova and Parasite) (for applicants age 1 year and older) d. Other examinations if necessary <p><input type="checkbox"/> Not physically and mentally defective or diseased.</p>

QUARANTINE MEDICAL OFFICER

BOQ ADDRESS

Receipt No.: