



FA FORM NO. 3

FOREIGN SERVICE OF THE PHILIPPINES
Philippine Embassy in Muscat, Sultanate of Oman



APPLICATION FOR IMMIGRANT VISA

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A))

1. NAME AS WRITTEN IN PASSPORT																	
2. LAST NAME (surname or family name)																	
3. FIRST NAME (all given names)	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																
4. MIDDLE NAME	6. CITIZENSHIP																
7. DATE OF BIRTH (dd/mm/yyyy)	8. PLACE OF BIRTH (city, state or province, country)																
9. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED																	
10. IF MARRIED, NAME AND ADDRESS OF SPOUSE																	
11a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	11b. PASSPORT / TRAVEL DOCUMENT NUMBER																
11c. PLACE OF ISSUE (city, state or province, country)																	
11d. DATE OF ISSUE (dd/mm/yyyy)	11e. DATE OF EXPIRY (dd/mm/yyyy)																
11f. VISA REQUESTED <input type="checkbox"/> NON-QUOTA IMMIGRANT <input type="checkbox"/> QUOTA IMMIGRANT	12. SUPPORTING DOCUMENTS																
13. INTENDED PORT OF ENTRY	14. EXPECTED DATE OF ARRIVAL IN THE PHILIPPINES																
15. HOME ADDRESSES FOR THE PAST 5 YEARS* (include apartment number, street, city, state or province, postal zone and country) <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: center; border: none;">ADDRESS</th> <th style="text-align: center; border: none;">INCLUSIVE DATES</th> </tr> </thead> <tbody> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> </tbody> </table>			ADDRESS	INCLUSIVE DATES	_____	_____	_____	_____	_____	_____	_____	_____					
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16. CURRENT HOME TELEPHONE NUMBER	17. E-MAIL ADDRESS																
18a. PRESENT OCCUPATION / RANK / POSITION	18b. Since _____																
19. WORK ADDRESS (include no., street, city, state or province, postal zone, country)																	
20. WORK TELEPHONE NUMBER	21. WORK FAX NUMBER																
22. REFERENCES AND/OR IMMEDIATE RELATIVES IN THE PHILIPPINES <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: center; border: none;">NAME</th> <th style="text-align: center; border: none;">ADDRESS</th> <th style="text-align: center; border: none;">RELATIONSHIP</th> </tr> </thead> <tbody> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none;">_____</td><td style="border: none;">_____</td></tr> </tbody> </table>			NAME	ADDRESS	RELATIONSHIP	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
23. DATE OF APPLICATION	24. SIGNATURE OF APPLICANT																

APPLICANT'S
PHOTOGRAPH
2 in. x 2 in.

1. Picture taken within the past 6 months
2. Front View
3. Without eyeglasses
4. Name and Signature on front of photograph

Staple or paste photo here

FOR OFFICIAL USE ONLY

IMMIGRANT VISA NO.		
VISA SHEET NO.		
DATE OF ISSUE		
DATE OF EXPIRY		
IMMIGRANT VISA CLASSIFICATION <input type="checkbox"/> Quota Immigrant Quota No. _____ <input type="checkbox"/> Non-Quota Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.		
VISA ISSUED TO		
CITIZENSHIP		
BEARER'S TRAVEL DOCUMENT Type _____ No. _____ Date of Issue _____ Date of Expiry _____ Issuing Authority _____		
VISA APPROVED/DENIED BY		
SERVICE NO.	FEE	O.R. NUMBER
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER

25. OCCUPATION 	26. NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES 										
27. ADDRESS IN THE PHILIPPINES WHERE THE APPLICANT INTENDS TO SETTLE (include apartment number, street, city, state or province, postal zone) 											
28. ON WHAT BASIS DO YOU CLAIM TO BE A <input type="checkbox"/> PREFERENCE QUOTA IMMIGRANT <input type="checkbox"/> NON-QUOTA IMMIGRANT? (state basis of your claim) 											
29. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? <input type="checkbox"/> YES (specify crime and date of conviction) <input type="checkbox"/> NO 											
30. HAVE YOU EVER BEEN REFUSED ANY KIND OF VISA FOR THE PHILIPPINES, DENIED ADMISSION INTO, DEPORTED OR REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES? <input type="checkbox"/> YES (state circumstances and date of refusal/denied admission/deportation/removal) <input type="checkbox"/> NO 											
31. HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER? <input type="checkbox"/> YES (state particulars and date of institutionalization) <input type="checkbox"/> NO 											
32. HOW WILL YOU SUBMIT THIS APPLICATION? <input type="checkbox"/> PERSONAL <input type="checkbox"/> MAIL / COURIER <input type="checkbox"/> TRAVEL AGENCY / REPRESENTATIVE _____ <div style="text-align: right; margin-top: -15px;">Name of Travel Agency / Authorized Representative</div>											
33. DO YOU HAVE ANY PHYSICAL DEFECT OR CONTAGIOUS DISEASE? <input type="checkbox"/> YES (state defect or disease and other particulars) <input type="checkbox"/> NO 											
IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON THIS FORM SHALL BE NOTARIZED											
34. I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities. I solemnly swear under penalty of law that the foregoing statements are true and correct and the attached supporting documents are authentic. <div style="text-align: right; margin-right: 100px;"> _____ Signature of Applicant Over Printed Name </div> SUBSCRIBED AND SWORN to before me this _____ day of _____, CY _____, at _____. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> _____ Notary Public </div> <div style="width: 40%; text-align: right;"> _____ Consul of the Republic of the Philippines </div> </div>											
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<div style="height: 200px;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 70%; vertical-align: top; padding: 5px;">REMARKS</td> <td style="width: 30%; padding: 5px;">Doc. No.</td> </tr> <tr> <td style="padding: 5px;">Series</td> </tr> <tr> <td style="padding: 5px;">Service No.</td> </tr> <tr> <td style="padding: 5px;">O.R. No.</td> </tr> <tr> <td style="padding: 5px;">Fee</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TRAVEL DOCUMENT RELEASED TO _____ <div style="text-align: center; margin-top: 10px;"> PRINTED NAME AND SIGNATURE </div> </td> </tr> <tr> <td style="padding: 5px;">DATE RECEIVED / MAILED</td> <td style="padding: 5px;">MAIL/COURIER TRACKING NO.</td> </tr> </table>	REMARKS	Doc. No.	Series	Service No.	O.R. No.	Fee	TRAVEL DOCUMENT RELEASED TO _____ <div style="text-align: center; margin-top: 10px;"> PRINTED NAME AND SIGNATURE </div>		DATE RECEIVED / MAILED	MAIL/COURIER TRACKING NO.
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