

**PHILIPPINE EMBASSY
MUSCAT, OMAN**

DATE: _____

Full Name: _____

Complete mailing address: _____

Complete contact number/s: _____

E-mail address: _____

Assistance requested:

Claiming by Representative:

Name of representative: _____

Applicant's relationship to representative: _____

Cancellation of Passport

Release at RCO _____

Release at FSP: _____

Return of Passport

Passport application filed at: _____

Date of passport application: _____

Date of arrival at requested site: _____

Flight details (if available): _____

PLEASE STATE FACTS AND REASON/S FOR REQUEST:

I hereby certify that the above information is correct

Applicant's signature