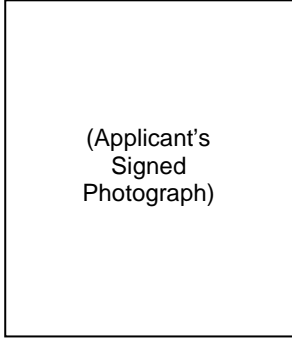


**EMBASSY OF THE REPUBLIC OF THE PHILIPPINES  
OSLO, NORWAY**

**APPLICATION FOR IMMIGRANT VISA  
QUOTA / NON-QUOTA**



Surname	First Name	Middle Name	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth			Citizenship
Place of Birth			

Civil Status  <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	If married, state name and address of spouse   
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Applicant's Address(es) for the past 5 years  <hr/> <hr/> <hr/> <hr/> <hr/>	Since  <hr/> <hr/> <hr/> <hr/>
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Occupation

Father's Name	Mother's Name
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Place Where Applicant intends to settle

Occupation to be pursued	Name and address of employer, if any
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Nearest relatives in the Philippines Name	Address	Relationship

**INSTRUCTIONS:** This form should be filled out in duplicate, the original to be given to the applicant and the duplicate copy to be filled at the Consulate.

Have you ever been institutionalized for any mental disorder?

No

Yes (state when and where) \_\_\_\_\_

\_\_\_\_\_

Do you have any physical defect?

No

Yes (state nature) \_\_\_\_\_

Are you afflicted with any contagious disease?

No

Yes (state nature) \_\_\_\_\_

Have you ever been convicted of any crime?

No

Yes (state when, where and nature) \_\_\_\_\_

\_\_\_\_\_

What immigrant category are you applying for:

Preference Quota Immigrant

Non-Quota Immigrant

State facts on which you base your claim: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused of a visa of any kind at a Philippine diplomatic or consular office, or been denied admission into the Philippines, or been deported or removed at government expense from the Philippines?

No

Yes (state circumstances) \_\_\_\_\_

\_\_\_\_\_

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 of my knowledge and belief.

\_\_\_\_\_

(Signature of Applicant)

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

\_\_\_\_\_

Consul Of the Republic of the  
Philippines

PHILIPPINE IMMIGRANT VISA NO. \_\_\_\_\_

Quota  
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: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Passport No. \_\_\_\_\_ Valid Until: \_\_\_\_\_

Issued by: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

O.R. No. \_\_\_\_\_

Service No. \_\_\_\_\_

\_\_\_\_\_  
Consul of the Republic of the  
Philippines

**FOREIGN SERVICE OF THE PHILIPPINES****MEDICAL EXAMINATION OF VISA APPLICANTS**

At the request of the Embassy of the Republic of the Philippines, Oslo, NORWAY

PHOTO  
1 ½ X 1 ½  
INCHES

Date of Examination

Place of Examination  
(Hospital/Clinic/Institution)  
(Street No, City, State, ZIP Code)

I certify that the above date I examined

Name

Age

Sex

Citizenship

And that under the Philippine Immigration Regulations the applicant should be classified as follows:  
(Encircle the appropriate class)CLASS A  
**SERIOUS MENTAL DISORDERS****DANGEROUS CONTAGIOUS DISEASE**Chancroid, Gonorrhoea, Grelonome  
Inguinate, Leprosy (Infectiuos) Lympho-  
Granuloms Venereum, Syphilis (Infectious  
Stage), Tuberculosis (Active), and AIDS \*Mental retardation (mental deficiency),  
Insanity, Previous occurrence of one or more  
Attacks of insanity, Antisocial personality,  
Mental defects, Epilepsy, Sexual deviation,  
Narcotic drug addiction, Chronic Alcoholism

CLASS B

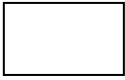
IF NOT CLASS APerson having physical defect, disease or  
disability serious in degree or permanently in nature  
that will impair their ability to earn a living as to make  
them likely to be a public charge.

CLASS C

Minor Conditions

**MEDICAL RECORDS**

1. Pertinent medical history:
2. Significant physical examination:
3. Chest X-ray report: (for ages 4 yrs. and above)  
(Present X-ray film 14 x 17 inches)
4. Laboratory Examination: (Attach laboratory reports)
  - a. Blood serology: (Ages 15 years and above)
  - b. Urine : (Ages 1 year and above)
  - c. Stool : (Ages 1 year and above)



Examining Physician  
(Printed name under signature)

Address

1984 Par MFA FSC No. 307-86

## Philippine Immigrant Visa Non Quota Requirements:

1. For foreign spouse – duly notarized letter from the Filipino spouse requesting or petitioning for the issuance of an immigrant visa to his/her spouse – original and photocopy;
  2. Passport should be valid for at least one year at the time of filing;
  3. Two F.A. Form No. 3, duly accomplished;
  4. Four photos, 2 x 2 (colored or black and white with plain background);
  5. Original Birth Certificate with English Translation duly notarized by a notarius publicus and certified by the Ministry of Foreign Affairs
  6. In the absence of birth certificate, the following should be submitted again with English Translation, duly notarized by a notarius publicus and certified by the Ministry of Foreign Affairs:
    - a. Certificate of non-availability of birth record from the civil registrar or national statistics office
    - b. Baptismal certificate
    - c. Joint birth affidavit or birth affidavit
  7. Original Marriage certificate with English Translation duly notarized by a notarius publicus and certified by the Ministry of Foreign Affairs
  8. Certificate of Naturalization – two photocopies, present also the original;
  9. Proof of Philippine citizenship of husband or wife;
  10. Two photocopies of proof of financial capability – affidavit of support to be supported by documentary proof (e.g. bank statement, SSS pension, etc.) or bank statement of principal applicant or petitioner, original and photocopy;
  11. Medical examination – one original and photocopy of each of the following:
    - a. Duly filled-up Form No. 11, by qualified physician
    - b. Certifications on laboratory examination results, covering:
      - i. Stool (ova/parasite and occult blood)
      - ii. Urinalysis
      - iii. Complete blood test (blood serology and chemistry)
      - iv. Chest x-ray result (you are required to submit the x-ray negative/film)
  12. Original copy of Police clearance with English Translation duly notarized by a notarius publicus and certified by the Ministry of Foreign Affairs
  13. Acceptance of resignation from employer or separation papers or retirement papers of applicant – two photocopies and present original. Again, documents should have an English Translation duly notarized by a notarius publicus and certified by the Ministry of Foreign Affairs
  14. Fees per applicant:

Visa Fee:	NOK 1,185.00
Notarial Fee:	NOK 197.50
Postage Fee:	NOK 200.00 (Norway)
	NOK 250.00 (Denmark, Iceland, Sweden and Finland)
- 

1. Parent(s) should apply for the same visa category for their minor child(ren);
2. Personal appearance required at all times;
3. Medical application report is acceptable only if submitted to the quarantine officer at the port of entry, together with the visa application, within six (6) months from the date the examination was conducted.