Form No. 2 - ENGLISH



RENEWAL REGULAR PASSPORT APPLICATION FORM (ADULT)

THIS FORM IS NOT FOR SALE

PHILIPPINE EMBASSY PHNOM PENH

INSTRUCTIONS: Please PRINT entries legibly using black or blue ink only. Supply the necessary information and indicate "N/A" for entries with no answers. Tick $(\sqrt{})$ boxes as appropriate.

| Site: XXXXXXX | |
|------------------------|--|
| Site: AAAAAAA | |
| Date/Time: | |
| Booking Reference no.: | |

| CARTURE SITE DRE | DDOCESSING (Do not write on this nort) | | | | | | |
|--|---|---|--|--|--|--|--|
| APPOINMENT VERIFICA | -PROCESSING (Do not write on this part) TION: | REMARKS: | | | | | |
| | DASSDORT ADDITIONAL'S INFO | DEMATION | | | | | |
| PASSPORT APPLICANT'S INFORMATION 1. LAST NAME | | | | | | | |
| | | | | | | | |
| 2. FIRST NAME | | | | | | | |
| | | | | | | | |
| 3. MIDDLE NAME or M. | AIDEN LAST NAME | | | | | | |
| | | | | | | | |
| 4. SEX MALE FEMALE | 5. DATE OF BIRTH (ex. 01 Jan 2017) D D M M M Y Y Y Y | 6. PLACE OF BIRTH (For born in PHL: Municipality/City & Province For born outside the PHL: Country | | | | | |
| 7. CIVIL STATUS SINGLE MARRIED WIDOW/ER NULLIFIED / ANNULED DIVORCED | 8a. HOW DID YOU ACQUIRE PHL CITIZENSHIP? BY BIRTH BY NATURALIZATION BY RE-ACQUISITION (RA no. 9225) BY ELECTION BY LEGISLATION | 8b. DID YOU EVER LOSE YOUR CITIZENSHIP? YES NO 8c. ARE YOU CURRENTLY A CITIZEN OF ANOTHER COUNTRY? YES NO 8d.IF YES, FROM WHAT COUNTRY? 8e. HAVE YOU SERVE IN ANY FOREIGN MILITARY? YES NO IF Yes, what country? | | | | | |
| APPLICANT'S CONTACT INFORMATION | | | | | | | |
| 9a. PRESENT ADDRESS: 9b. HOME ADDRESS: | | | | | | | |
| 30. HOIVIE ADDRESS: | | | | | | | |
| PRESENT ADDRESS | | | | | | | |
| 11. TELEPHONE/MOBIL 12. e-MAIL ADDRESS: | E NUMBER: | | | | | | |

| 13. APPLICANT'S SPOUSE'S NAME: | | | | | | | | |
|--|--|----------------------|--|---------------------------|--|--|--|--|
| 14a. PERSON TO CONTACT IN CASE OF EMERGENCY: | | | 14b. TEL/MOBILE NO. OF PERSON TO NOTIFY: | | | | | |
| PARENTAL INFORMATION | | | | CURRENT PASSPORT DETAILS | | | | |
| 15. FATHER'S DETAILS Last Name: | 16. MOTHER'S DETAILS Last Name: | | | 17a. PASSPORT NUMBER | | | | |
| First Name: | First Name: | | | 17b. DATE OF ISSUE | | | | |
| Middle Name: | Middle Name: | | | 17c. DATE OF EXPIRY | | | | |
| Citizenship (at the time of applicant's birth) | Citizenship (at the time of applicant's birth) | | | 17d. ISSUING AUTHORITY | | | | |
| STATUS OF CURRENT PASSPORT | | | | | | | | |
| 19. Please choose as applicable: Lost \ | | | Valid Pass | lid Passport | | | | |
| Passport Intact • Affidavit of | | | | | | | | |
| Damage passport • Police Rep | | | • | | | | | |
| Affidavit of Explanation | Lost Expired | | | f Explanation | | | | |
| / III davit or Explanation | DECLARATION C | | | Explanation | | | | |
| I HEREBY DECLARE AND AFFIRM that 1) I am a Filipino citizen. 2) The information provided in this application is true and correct. 3) The supporting documents attached are authentic. 4) I consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to its use for any lawful purpose. 5) I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. 6) I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time. 7) I am aware that making false statements in this passport application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application. 8) I understand and accept that the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs. | | | | | | | | |
| 20. SIGNATURE OVER PRINTED NAME | | | | 21. DATE (EX 01 Jan 2017) | | | | |
| DO NOT WRIT | TE BELOW THIS LINE, | , FOR THE | EMBASS | Y'S USE ONLY | | | | |
| REMARKS: | | | PASSPORT WATCHLIST VERIFICATION: | | RETURNED CANCELLED PASSPORT SIGNATURE OF APPLICANT: | | | |
| PROCESSOR'S SIGNATURE: | OCESSOR'S SIGNATURE: ENCODER'S SIGNATURE: | | | | | | | |
| OFFICIAL RECEIPT/PAYMENT SLIP NO: | | DATE OF TRANSACTION: | | | | | | |
| | | <u></u> | | | END | | | |