



**AFFIDAVIT OF SUPPORT & CONSENT FOR  
WAIVER OF EXCLUSION GROUND (W.E.G.)**

Under Section 29(a)(12) of the Philippine Immigration Act of 1940 as amended

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Foreign Service Post: [Empty box]

DATE  
(Ex. January 01, 2012)

I, \_\_\_\_\_, citizen of \_\_\_\_\_,  
*(Name of Father/Mother/Legal Guardian)*  
of legal age, and presently residing in \_\_\_\_\_

after having been duly sworn to in accordance with the law, do hereby depose and state:

1. That I am the parent/legal guardian of \_\_\_\_\_  
*Child Traveling to the Philippines*  
who was born on \_\_\_\_\_, in \_\_\_\_\_, now aged \_\_\_\_\_  
*Date of Birth Place of Birth Age*  
years, traveling under passport number \_\_\_\_\_ valid until \_\_\_\_\_  
*Child's passport number Expiration Date*

2. That I am giving my full consent for my child/ward to travel from \_\_\_\_\_ to \_\_\_\_\_.

**ALONE** and **UNACCOMPANIED**

**WITH TRAVELLING COMPANION**

Name \_\_\_\_\_

who is my child's \_\_\_\_\_

travelling with passport no. \_\_\_\_\_

valid until \_\_\_\_\_ issued by \_\_\_\_\_

3. That for the duration of my child/ward's stay in the Philippines, he/she will be staying at \_\_\_\_\_.

4.  That as his /her parent/guardian, I hereby accept any assume any and all responsibility for his/her welfare, including all financial expense related to his/her travel and stay in the Philippines.

5.  And further guarantee that my child/ward will abide by the laws of the Republic of the Philippines.

6.  That this affidavit is being executed for presentation to Philippine Immigration authorities at the port(s) of entry that the waiver may be granted in favor of my child/ward, allowing him/her entry to the Philippines if admissible, under section 29(a)(12) of the Philippine Immigration act.

**PHILIPPINE EMBASSY )**  
**CONSULAR SECTION ) S.S.**

Phnom Penh, Cambodia )

\_\_\_\_\_  
**Signature of Affiant**

SUBSCRIBED AND SWORN to before me, this \_\_\_\_\_, in Phnom Penh, Cambodia, affiant having appeared and exhibiting component proof of identity.

Doc.No: \_\_\_\_\_  
ServiceNo.: \_\_\_\_\_  
O.R.No.: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Series of 2018