

# G3 Visas & Passports



80 SW 8th Street  
Suite 2250  
Miami, FL 33130  
**Phone:** 305.285.9255  
**Fax:** 305.859.8007  
**Toll Free:** 800.644.1642  
**Email:** [miami@g3visas.com](mailto:miami@g3visas.com)  
**Web:** [www.g3visas.com](http://www.g3visas.com)

# Philippines

## Visa Instructions

### Required Documentation

All of documents listed below are required in order to process your request for a visa.

- Original passport with at least 6 months until the expiration date and one unused visa page.
- **Non-U.S. citizens** must include a copy of their Alien Registration Card or U.S. Visa & original I-94.
- One completed and signed visa application form please be sure to sign the application in BOTH places. For travel to the Phillipines a **NOTARIZED** signature is required on this form.
- One original passport photo that was taken within the last 6 months. Passport photos must have a light colored background, be 2" by 2" in size and must be on **photo** paper. Photos must have a signature on the front, at the bottom.
- **Business visa applicants** will need a letter from their U.S. company explaining the purpose of their trip and providing a financial guarantee. No visa is required for a stay of less than 20 days.
- **Business visa applicants** requiring a multiple entry visa must have been **previously** issued at least one single or multiple entry visa.
- **Tourist visa applicants** will need to submit a copy of their most recent bank statement.
- Children under the age of 16 will require a waiver of exclusion, please call for details.
- Copy of flight itinerary.
- Please send this sheet and the attached "Traveler Information" form with all fields completed.

### Applicable Fees

#### Embassy Fees for Visa Processing

Type of Visa	3 Business Days	5 Business Days	7 Business Days
Single Entry	\$60.00	\$30.00	\$30.00
6 Month Multiple Entry	\$90.00	\$60.00	\$60.00
1 Year Multiple Entry	\$120.00	\$90.00	\$90.00

#### G3 Processing Fees

Type of Visa	3 Business Days	5 Business Days	7 Business Days
Tourist	\$90.00	\$70.00	\$60.00
Business	\$100.00	\$80.00	\$60.00
Flight Crew	\$90.00	\$80.00	\$60.00

#### Shipping Fees for Delivery of Visa via Federal Express

3 Business Days	Overnight Delivery	8 AM Delivery**	Saturday Delivery**	Same Day Delivery**
\$14.00	\$21.00	\$60.00	\$35.00	Please Call

Note: International delivery is available.

\*\*If available in your area.

G3 Visas acts on the behalf of the client, and takes no responsibility for the services rendered by Travel Agents, Consulates, or Embassies in connection with granting visas. G3 Visas takes no responsibility for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.

## Traveler Information

Note: All fields are required for each individual that will be needing a visa

1. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Travel Information

Departure Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

## Shipping & Contact Information

Note: This is the address we will ship your Visa to. This must be a physical address - NO PO BOXES

Attention to: \_\_\_\_\_  
 Company (If applicable): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Apt/Suite Number: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Postal Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address (Tracking # will be emailed): \_\_\_\_\_

## Payment Information

**Select Payment Type:**

- Check
- Established Acct
- Credit Card

	Amt from pricing	Total # of Travelers	Total Per Item
Embassy Fee: _____	X	=	_____
G3 Visa Processing Fee: _____	X	=	_____
Shipping Fee: _____	X	=	_____

**Subtotal:** \_\_\_\_\_

Additional 5% fee for Credit Card Payment: \_\_\_\_\_

**Total Payment Enclosed:** \_\_\_\_\_

**For Payment via Credit Card:**

Cardholder Name (exactly as it appears on the actual card): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Security Code (last 3 digits on the right from the back of the card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

# Sample Business Letter

\*\*\*\*\*Please print your business letter on company stationary\*\*\*\*\*

February 1, 2008

Consulate General of **(Country you are traveling to)**  
Consular Section

Dear Visa Officer,

Jeremy Simmons, Vice President, International Public Policy, East Coast Promotions, Inc. **(Insert the name of your company)** is planning a business trip to **(Country you are traveling to)** on Monday, April 3 through April 17. During this trip he has scheduled meetings with a company colleague to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford at:

Promotions International  
716 Conj. 1210  
New Delhi, India 04111-00  
Tel. 55.11.454.5635

**(It is important to indicate which company and individual you are going to visit.)**

East Coast Promotions, Inc. will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in **(Country you are traveling to)**.

I appreciate your attention to this matter.

Sincerely,

Barry G. Hart  
Senior Vice President,  
East Coast Promotions, Inc.



FOREIGN SERVICE OF THE PHILIPPINES  
EMBASSY OF THE REPUBLIC OF THE PHILIPPINES  
WASHINGTON, D.C.

**APPLICATION FOR NON-IMMIGRANT VISA**

FA FORM NO. 2 ( 14 OCTOBER 2004 USA)

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED, IF NOT APPLICABLE WRITE N/A.			
1. NAME AS WRITTEN ON PASSPORT		<b>APPLICANT'S PHOTOGRAPH</b> 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 bottom of photograph  Staple or paste photo here	
2. LAST NAME (surname or family name)			
3. FIRST NAME (all given names)			
4. MIDDLE NAME			
5. CITIZENSHIP	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. DATE OF BIRTH (dd/mm/yyyy)	
8. PLACE OF BIRTH (city, state or province, country)		9. CIVIL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	
10. OCCUPATION			
11. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE			
12a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT		12b. PASSPORT / TRAVEL DOCUMENT NUMBER	
12c. PLACE OF ISSUE		12d. DATE OF ISSUE (dd/mm/yyyy)	12e. EXPIRY DATE (dd/mm/yyyy)
13. PURPOSE OF TRIP TO THE PHILIPPINES		14. PORT OF ENTRY	15. ENTRIES REQUESTED: <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR
16. INTENDED LENGTH OF STAY		17. EXPECTED DATE OF ARRIVAL	
18. SUPPORTING DOCUMENT(S) SUBMITTED: <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> AIRLINE TICKET <input type="checkbox"/> ITINERARY <input type="checkbox"/> OTHERS: _____			
19. HOME ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, city, state, country, postal zone)			
20. MAILING ADDRESS (house no., street, city, state or province, country, postal zone)			
21. HOME TELEPHONE NUMBER		22. E-MAIL ADDRESS	
23. WORK ADDRESS			
24. WORK OR CONTACT TELEPHONE NUMBER		25. FAX NUMBER	
26. ADDRESS IN THE PHILIPPINES (house no., street, town or city, state or province, postal zone)			
27. NAME OF PERSONS TRAVELLING WITH APPLICANT AND INCLUDED IN PASSPORT OR TRAVEL DOCUMENT			
NAME		AGE SEX	
28. REFERENCES AND /OR IMMEDIATE RELATIVES IN THE PHILIPPINES			
NAME		ADDRESS	
a. _____			
b. _____			
c. _____			
29. WERE YOU EVER REFUSED ANY KIND OF VISA, OR DENIED ADMISSION INTO OR DEPORTED/REMOVED FROM THE PHILIPPINES AT GOVERNMENT EXPENSE? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO			
30. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENSE IN ANY COUNTRY? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO			
31. DO YOU HAVE ANY COMMUNICABLE DISEASE OR HISTORY OF MENTAL ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details) *			
32. VISA STATUS IN U.S. OR PLACE OF APPLICATION		33. ALIEN CERTIFICATE OF REGISTRATION NO.	
FOR OFFICAL USE ONLY			
VISA NO.			
VISA SHEET NO.			
DATE OF ISSUE / REFUSAL			
DATE OF EXPIRY			
VISA CLASSIFICATION Non-Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.			
PURPOSE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHERS: _____			
NUMBER OF ENTRIES <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR			
ANNOTATION <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 21 DAYS <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 59 DAYS <input type="checkbox"/> OTHERS: _____			
DATE OF RECEIPT OF APPLICATION			
RECEIVER	CASHIER	LOL	
PROCESSOR	SCRIPTER	ENCODER	
FEE	O.R. NUMBER	SERVICE NO.	
VISA APPROVED / DENIED BY			
DOCUMENT RELEASED TO			
PRINTED NAME AND SIGNATURE			
DATE RECEIVED			
MAIL/COURIER TRACKING NUMBER			
34. DATE OF APPLICATION		35. SIGNATURE OF APPLICANT	

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED BY HANDWRITING, TYPED OR PRINTED LEGIBLY AND ALL REQUIREMENTS SUBMITTED OR SERVICE APPLICATION MAY BE RETURNED UNPROCESSED

\* ADDITIONAL SPACE TO ANSWER NO. 29, 30 OR 31

36.

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 all supporting documents are authentic.

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Printed Name and Signature of Applicant

IMPORTANT: IF APPLICANT IS UNABLE TO APPEAR IN PERSON, THIS FORM SHALL BE NOTARIZED

37.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

at \_\_\_\_\_, the affiant exhibiting the following

identification (type) \_\_\_\_\_ number \_\_\_\_\_,

issued at \_\_\_\_\_, on \_\_\_\_\_.

\_\_\_\_\_ NOTARY PUBLIC

\_\_\_\_\_ CONSUL

FOR OFFICIAL USE ONLY