

I'm not a robot 
reCAPTCHA

Open

Cambodia passport application form



Foreign Service of the Republic of the Philippines
Embassy of the Republic of the Philippines, Consular Section
Oslo, Norway

ePASPORT APPLICATION FORM

PLEASE FILL IN THE BLANKS COMPLETELY AND CORRECTLY. TYPE OR PRINT LEGIBLY.

Last Name (Apelyido) (Jr./II/III, etc)	First Name (Pangalan)	Middle Name (Pangalan)
Date of Birth (Araw ng Kapanganakan) (Date/Month/ Year, e.g. 23-Dec-1975)	Place of Birth (Lugar ng Kapanganakan)	
Gender (Kasarian)	<input type="checkbox"/> Male (Lalaki)	<input type="checkbox"/> Female (Babae)
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
If Married, Name of Spouse	Citizenship	
If Divorced/Widowed, Name of Spouse		
Your complete address in Norway, Sweden, Denmark, Finland or Iceland		
Email Address:	Tel/Mobile Number	
Your complete address in the Philippines	Tel/Mobile Number	
Complete Name of Father	Citizenship	
Complete Maiden Name of Mother	Citizenship	
Check if you are : <input type="checkbox"/> Legitimate Child <input type="checkbox"/> Illegitimate Child	Citizenship Acquired by : <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization <input type="checkbox"/> Contract Worker <input type="checkbox"/> Business <input type="checkbox"/> Other (please specify) _____	
Immigration Status in Norway/Sweden/Denmark/Finland: <input type="checkbox"/> Transit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Are Pass		
Present Occupation		
Name and Address of Employer	Tel Number	
Are you a Philippine Government employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, name of Philippine Government agency:		Have you ever been issued a Philippine passport? <input type="checkbox"/> Yes <input type="checkbox"/> No
IN CASE OF EMERGENCY: Name of Contact Person in Norway/Sweden/Denmark/Finland/Iceland		
Address:	If Yes, latest passport number:	
Relationship:		
Tel/Mobile Number:	Place of Issue:	
Name of Contact Person in the Philippines:		Date of Issue:
Address:		
Relationship:		
Tel/Mobile Number:		

I solemnly swear that (1) I am a Filipino citizen. (2) The information I provided in this application is true & correct. (3) The supporting documents attached are authentic. (4) I have not been issued a passport under any other name. (5) I am aware that making false statements in passport application, furnishing falsified or forged documents in support thereof are punishable by law.

Printed Name and Signature of Passport Applicant

For internal use only. Applicant should not fill up this part.

Department of
Immigration Services Department of
Immigration Services

PROTECTED UNDER COMPTON'S
PAGE 1 OF 1

APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, additional pages containing the required sections, complete and submit with your application.

Visitors	Class Room
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PERSONAL INFORMATION	
<input checked="" type="checkbox"/> Address: Write name and address on separate or next document. Use same as form on the previous page.	
<input checked="" type="checkbox"/> Employment: Name of employer and address Same address	
<input checked="" type="checkbox"/> Name: Signature First Middle Last Date	
<input checked="" type="checkbox"/> Residence: Signature	
<input checked="" type="checkbox"/> Other family members: Name Name Name Name % Signature	
<input checked="" type="checkbox"/> Relatives in Canada: Name Name Name Name % Signature	
<input checked="" type="checkbox"/> Family members applying: Name and country of residence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name Name Name Name % Signature	
<input checked="" type="checkbox"/> Other permanent residents: Signature Name Name Name Name %	
<input type="checkbox"/> I declare that I have read and understood the requirements for this visa application.	

1e

