

ANNEX A
APPLICATION FORM

Time in: _____

 Traveling Alone

 1 year validity

Time out: _____

 With Companion

 2 years validity

I. Minor/s Profile:

Name	Age	Sex	Birth Status	Date of Birth	Place of Birth	Status of Application

Minor/s' Address: _____

If issued with Certificate of Finality of Adoption or under Legal Guardianship, please indicate Special Proceeding No: _____

If under Foster Care Placement, please Indicate the Foster Care License and validity period:

II. Parents:

 Father: _____ Age: ____ Occupation: _____ PhilSys Card
 Number (PCN) or ID no: _____ Address: _____ Contact No.: ____

 Mother: _____ Age: ____ Occupation: _____ PhilSys Card
 Number (PCN) or ID no: _____ Address: _____ Contact No.: ____

III. TRAVELING COMPANION (not applicable to Minors Traveling Alone):

Name of Traveling Companion: _____

Address: _____ Relationship to Minor: _____

PhilSys Card Number (PCN) or ID no: _____ Contact No.: _____

Name of Sponsor: _____ Age: ____ Relationship to minor: _____
Address: _____ Occupation: _____

IV. DESTINATION

Destination: _____

Length of Travel (*Inclusive Dates*): _____

Reason for Travel Abroad (Reason/s for bringing the minor):

Reasons why parents or legal guardian cannot accompany minor:

Place where the minor intends to stay during his/her travel and with whom (*please indicate names, complete address and phone numbers*):

I hereby certify that the information given above are true and correct. I further understand that any misrepresentation that I may have will subject me to criminal and civil action provided under existing laws.

Date	Signature Over Printed Name
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Relationship to Minor & Contact No.

Note to Applicant:

This Form with multiple entries should only be used for siblings with the same set of parents. Please fill up a separate application form for minors with a different set of parents.

This portion is to be filled up by the Social Worker

Remarks to Applicable Documents

- () Travel Clearance for Minors Traveling Abroad
- () Certificate of Exemption

Date Reviewed: _____ Reviewed by: _____
Designation: _____