



ANNEX A

APPLICATION FORM

() Traveling Alone () With Companion					year validity 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 indicate Special Proceed					Legal Guardia	anship, please
If under Foster Care Place Pla		ent, ple	ease Indicat	e the Foste	er Care Licens	se and validity
II. Parents:						
Father:		Ag	e: Occ	upation:		_
ID no: Address:						
Contact No.					_	
Mother:		Ag	je: Occ	upation:		_
ID no: Address:						
Contact No					_	
III. TRAVELING COI	MPAN	ION (1	not applicabl	e to Minors	Traveling Alo	ne):
Name of Traveling Comp	oanion	:				
Address:						
Relationship to Minor:						
Contact No.:						
Name of Sponsor:			Age:			
Relationship to minor:						
Address:						
Occupation: IV. DESTINATION:						
IV. 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
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: