



Pita Travel & Tours

Unit 203 RVGS Commercial Bldg. No. 84 Gloria Diaz St. BF Resort, Las Piñas 1747

Contact us: (02) 72146327 | +63 9175037482 | +63 9215555353

Email: inquiry@pitatravelandtours.com | pitatravelandtours@gmail.com

Website: www.pitatravelandtours.com

GENERAL VISA APPLICATION

QUESTION GUIDE

(Please do not leave anything blank. Incomplete form will not be processed.)

PERSONAL INFORMATION:

Full Name (as it appears on the passport): _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Marital Status: _____

Do you hold or have held any nationality other than the one you indicated above? YES NO

Are you a permanent resident of another country other than your country of origin? YES NO

National Identification Number (if applicable): _____

Complete Home Address: _____

Country: _____ Postal Code: _____

Set Home Address as Mailing Address? YES NO

Mailing Address (if applicable): _____

Country: _____ Postal Code: _____

Landline Number: _____ Mobile Number: _____

Office Number: _____ Email: _____

PASSPORT DETAILS:

Passport No: _____ Issuing Authority: _____

City Issued: _____ Country Issued: _____

Issuance Date: _____ Expiration Date: _____

Have you ever lost a passport or had one stolen? YES NO

TRAVEL INFORMATION:

Destination: _____

Purpose of Trip: _____

Have you made specific travel plans? YES NO

Intended Date of Arrival: _____ Intended Length of Stay: _____

Person/Entity Paying for your Trip: _____ Funds for this Trip: \$ _____



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DESTINATION COUNTRY CONTACT INFORMATION:

Name of Contact Person in the Destination: _____

Relationship with you: _____

Complete Address: _____

Phone Number: _____ Email: _____

FAMILY INFORMATION:

FATHER

Complete Name: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Address: _____

If deceased, please indicate the date and place of death: _____

MOTHER

Complete Name: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Address: _____

If deceased, please indicate the date and place of death: _____

SPOUSE

Complete Name: _____ Occupation: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Address: _____

Date of Marriage: _____ Place of Marriage: _____

If deceased, please indicate the date and place of death: _____

WORK/EDUCATION/TRAINING INFORMATION:

Current Occupation: _____ Employer/School: _____

Address: _____ Country/Region: _____

City: _____ Postal Code: _____

Office Number: _____ Monthly Salary (if employed): PHP _____

Briefly describe your Duties/Responsibilities: _____



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Were you previously employed? _____ Employer Name: _____

Employer Number: _____ Employer Address: _____

Country/Region: _____ Postal Code: _____

Job Title: _____ Supervisor's Name: _____

Employment Date From: _____ To: _____

Briefly describe your Duties/Responsibilities: _____

Have you attended any educational institutions at secondary level or above? YES NO

HIGH SCHOOL

Name of School(s): _____

School Addresses: _____

Country/Region: _____ Postal Code: _____

Date of Attendance From: _____ To: _____

COLLEGE

Name of School(s): _____

School Addresses: _____

Country/Region: _____ Postal Code: _____

Date of Attendance From: _____ To: _____

POST-GRADUATE (if applicable)

Name of School(s): _____

School Addresses: _____

Country/Region: _____ Postal Code: _____

Date of Attendance From: _____ To: _____

TRAVEL HISTORY:

Have you traveled to other countries in the last ten years? YES NO

1. Country: _____ Arrival: _____ Departure: _____

2. Country: _____ Arrival: _____ Departure: _____

3. Country: _____ Arrival: _____ Departure: _____



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4. Country: _____ Arrival: _____ Departure: _____
5. Country: _____ Arrival: _____ Departure: _____
6. Country: _____ Arrival: _____ Departure: _____
7. Country: _____ Arrival: _____ Departure: _____
8. Country: _____ Arrival: _____ Departure: _____
9. Country: _____ Arrival: _____ Departure: _____
10. Country: _____ Arrival: _____ Departure: _____

NOTES:

I attest that all the given information are true and correct.

Signature over Printed Name/Date

The information contained in this document is confidential, privileged, and only for the intended recipient, and may not be used, published, or redistributed without prior written consent.