



						ANNEX A
		APPI	LICATION F	ORM		
Time in:		☐ Traveling Alone			☐ 1 year validity	
Time out:		☐ With Companion		on	☐ 2 years validity	
I. Minor/s Profile:						
Name	Age	Sex	Birth Status	Date of Birth	Place of Birth	Status of Application
If under Foster Care Place  II. Parents:	ement, <sub>l</sub>	please	Indicate the	Foster Care	License and va	lidity period:
Father:		Age:	Occupat	ion:	ID no:	
Address:						
Mother:		. Age: .	Occupat	tion:	ID no	:
Address:				C	Contact No.:	
III. TRAVELING COM	PANIO	N (not	t applicable to	Minors Tra	veling Alone):	
Name of Traveling Compa	nion: _					
Address:		Relationship to Minor:				
Contact No.:						

Address: \_\_\_\_

Name of Sponsor: \_\_\_\_\_ Age: \_\_\_\_Relationship to minor: \_\_\_\_\_

Occupation: \_\_\_\_\_

IV.	DESTINATION:	
Desti	nation:Leng	th of Travel (Inclusive Dates):
Reas	on for Travel Abroad (Reason/s for b	oringing the minor):
Reas	ons why parents or legal guardian ca	annot accompany minor:
	where the minor intends to stay dues, complete address and phone nun	uring his/her travel and with whom (please indicate nbers):
any n		above are true and correct. I further understand that vill subject me to criminal and civil action provided
	Date	Signature Over Printed Name
	Relationship to Minor & Contact No.	
<u>Note</u>	to Applicant:	
		y be used for siblings with the same set of parents. for minors with a different set of parents.
	This portion is to be	filled up by the Social Worker
Rema	arks to Applicable Documents	
` '	avel Clearance for Minors Traveling ertificate of Exemption	Abroad
Date	Reviewed:	Reviewed by:
Desig	nation:	