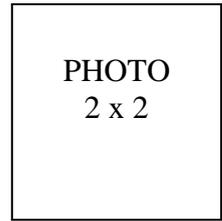


## PERSONAL HISTORY STATEMENT FORM

### DIRECTIONS:

1. PRINT all information clearly and completely. Write "NA" if question is not applicable.
2. Use additional sheets for extra details if space provided is not sufficient.
3. The correctness of all statements made will be verified. Any deliberate omission Or distortion of facts will be sufficient cause for the disapproval of application.



### PERSONAL DATA

_____ Surname	_____ First Name	_____ Middle Name
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If Chinese, Fokien/Mandarin equivalent:

_____ Surname	_____ First Name	_____ Middle Name
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Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Eyes: \_\_\_\_\_

Hair: \_\_\_\_\_ Complexion: \_\_\_\_\_ Visible marks or tattoos: \_\_\_\_\_

Citizenship : \_\_\_\_\_ How acquired : \_\_\_\_\_

Status : \_\_\_\_\_ Religion : \_\_\_\_\_

Passport No. : \_\_\_\_\_ Place Issued : \_\_\_\_\_

Date Issued : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Language Spoken : 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

If married, name of spouse : \_\_\_\_\_

Address in Home : \_\_\_\_\_ Tel. : \_\_\_\_\_  
Country : \_\_\_\_\_ No/s. \_\_\_\_\_

Address in the : \_\_\_\_\_ Tel. : \_\_\_\_\_  
Philippines : \_\_\_\_\_ No/s. \_\_\_\_\_

Parents : \_\_\_\_\_  
Full Name of Father Full Name of Mother

Address of Parents : \_\_\_\_\_

Names and Ages of Children below 21 years of Age :

NAME	AGE	NAME	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Brothers and Sisters and their Ages & Addresses (indicate relationship)

	NAME/ADDRESS	AGE	RELATIONSHIP	OCCUPATION
1.	_____	_____	_____	_____
	_____			
2.	_____	_____	_____	_____
	_____			
3.	_____	_____	_____	_____
	_____			

Language Spoken : 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

CHARACTER AND CREDIT REFERENCES IN THE PHILIPPINES:

	NAME	ADDRESS	OCCUPATION
1.	_____	_____	_____
		_____	
2.	_____	_____	_____
		_____	
3.	_____	_____	_____
		_____	

APPLICANT'S AUTHORIZED REPRESENTATIVE (S):

	NAME	ADDRESS
1.	_____	_____
2.	_____	_____

I CERTIFY THAT THE AFOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BELIEF AND ABILITY.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name and Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, AFFIANT EXHIBITING HIS COMMUNITY TAX CERTIFICATE/PASSPORT NO. \_\_\_\_\_ ISSUED AT \_\_\_\_\_ ON \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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BOOK NO. \_\_\_\_\_  
PAGE NO. \_\_\_\_\_  
Series of 20\_\_\_\_\_