

Personal, Address, Phone, and Passport Information

Name Provided: Last Name _____
First Name _____
Middle Name _____

Full Name: _____

Other Names Used: _____

Sex: _____

Marital Status: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Other Nationalities: _____

National Identification Number: _____

U.S. Social Security Number: _____

U.S. Taxpayer ID Number: _____

Home Address: _____

City: _____

State/Province: _____

Postal Zone/ZIP Code: _____

Country: _____

Same Mailing Address? _____

Home Phone Number: _____

Work Phone Number: _____

Work Fax Number: _____

Mobile/Cell Phone Number: _____

Email Address:

(please provide your VALID/
CURRENT email and if you have
OTHER email used for the last 5 years)

Do you have a social media presence? _____

_____ Yes _____ No

Select from the list below each social media platform you have used within the last five years. In the space next to the platform's name, enter the username or handle you have used on that platform. Please do not provide your passwords. If you have used more than one platform or more than one username or handle on a single platform, click the 'Add Another' button to list each one separately. If you have not used any of the listed social media platforms in the last five years, select 'None.'

(If Yes, Please provide type of Social Media Platform & Username/ User Account)

Mailing Address:

City: _____

State/Province: _____

Postal Zone/ZIP Code: _____

Country: _____

Same Mailing Address? _____

Home Phone Number: _____

Work Phone Number: _____

Work Fax Number: _____

Mobile/Cell Phone Number: _____

Email Address: _____

Passport Details:

Passport Number: _____

Passport Book Number: Not Applicable

Country/Authority that Issued Passport: _____

City Where Issued: _____

Country Where Issued: _____

Issuance Date: _____

Expiration Date: _____

Have you ever lost a passport or had one stolen? _____

Travel Information

Are you a Principal Applicant? _____

▲ Purpose of Your Trip to U.S.

Category

- Purpose of Trip
- _____ Business/Conference Visitor (B1)
 - _____ Tourist/Personal Visitor (B2)
 - _____ Business/Personal Travel (B1, B2)
 - _____ Border Crossing CARD/Laser Visa (BCC)
 - _____ Student exchange Visa (J, M, Q)
 - _____ OTHER
 - _____ Diplomat (A1)
 - _____ Foreign Government Official (A2)
 - _____ Personal Emp. Of A or G (A3, G5)
 - _____ Transit directly through the US (C)
 - _____ Crew Member in Transit to join vessel
 - _____ Crew Member (D)
 - _____ Treaty Trader/Investor (E1, E2)
 - _____ Australian-SPEC Occupation (E3)
 - _____ International Org. Employee (G)
 - _____ Temporary Employee (H1, H2)
 - _____ Trainee (H3)
 - _____ Representation of a Foreign Media (I)
 - _____ Fiance(e) or spouse of US Citizen (K)
 - _____ Intracompany Transfer (L)
 - _____ Religious Worker (R)
 - _____ Spouse/Child of Legal Permanent Resident (V)
 - _____ Person of Extraordinary Ability (O)
 - _____ Athlete or entertainment Group (P1)

<input type="checkbox"/> Exchange/Culturally Unique Artist (P3) <input type="checkbox"/> NAFTA Professional (TN) <input type="checkbox"/> Spouse/Child of NAFTA Professional (TD) <input type="checkbox"/> NATO
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Intended Date of Arrival in the US
(dd/mm/yyyy) _____

Intended Length of Stay in U.S.: _____

Address where you will stay in the U.S: _____

(please indicate complete add w/ zip code) _____

Person/Entity Paying for Your Trip: _____

Name of Person Paying for Your Trip: _____

Telephone: _____

Email Address: _____

Relationship to You:

- Relative
- Spouse
- Friend
- Business Associates
- Employer
- School Official
- OTHER

Is the address of the party paying for your trip the same as your Home or Mailing Address? (**IF NOT**, please indicate the complete address) _____

▲ Other Persons Traveling with You: _____

Are you traveling as part of a group or organization? _____

Persons Traveling with You:

Name (1) : _____

Relationship to You: _____

Name (2) : _____

Relationship to You: _____

Have you ever been in the U.S.? _____

Date of previous visit: (dd/mm/yyyy) _____

Duration of stay (day/week/month) _____

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Duration of stay (day/week/month) _____

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Duration of stay (day/week/month) _____

Date of previous visit: (dd/mm/yyyy) _____

Duration of stay (day/week/month) _____

Have you ever been issued a U.S. Visa? _____

Date Last Visa was Issued: (dd/mm/yyyy) _____

Visa Number: _____

Are you applying for the same type of visa? _____

Are you applying in the same country where the visa above is issued and is this country your principal country of residence? _____

Have you been ten-printed?

Ten printed means your both hand's finger prints (All fingers including thumbs make it 10) have been provided to US government. If you have applied for USA visa any time after 2007, your fingerprints would already have been taken by them at some or other point of US visa application process. _____

Has your U.S. Visa ever been lost or stolen? _____

Has your U.S. Visa ever been cancelled or revoked? _____

Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry? _____

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? _____

Countries visited for the last 5 years

U.S. Contact Information

Contact Person Name in the U.S.: _____

Organization Name in the U.S.: _____

Relationship to You: _____

U.S. Contact Address: _____

(please indicate complete add w/ zip code) _____

Phone Number: _____

Email Address: _____

Family Information

Father's Surnames: _____

Father's Given Names: _____

Father's Date of Birth: _____

Is your father in the U.S.? _____

Briefly Describe your Duties:

Previous Employment

Occupation/Job Title:

Company name & Address

City:

State/Province:

Postal Zone/Zip Code:

Country:

Telephone Number

Supervisor Name (Last & First Name)

Employment Date (FROM)

Employment Date (TO)

Briefly Describe your Duties:

Educational Background

MASTERAL/DOCTORATE DEGREE

Level/Course

Name of School

Address(Street)

City:

Zip Code:

Country:

Telephone Number

Year of Attendance (FROM)

Year of Attendance (TO)

COLLEGE

Level/Course
Name of School
Address(Street)
City:
Zip Code:
Country:
Telephone Number
Year of Attendance (FROM)
Year of Attendance (TO)

HIGH SCHOOL

Academic Level
Name of School
Address(Street)
City:
Zip Code:
Country:
Telephone Number
Year of Attendance (FROM)
Year of Attendance (TO)

Security and Background Information

Do you have a communicable disease of public health significance such as tuberculosis (TB)? ___ YES ___ NO

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? ___ YES ___ NO

Are you or have you ever been a drug abuser or addict? ___ YES ___ NO

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? ___ YES ___ NO

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? ___ YES ___ NO

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? ___ YES ___ NO

Have you ever been involved in, or do you seek to engage in, money laundering? ___ YES ___ NO

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? ___ YES ___ NO

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? ___ YES ___ NO

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? ___ YES ___ NO

Are you a member or representative of a terrorist organization? YES NO

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? YES NO

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? YES NO

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? YES NO

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? YES NO

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? YES NO

Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? YES NO

Have you voted in the United States in violation of any law or regulation? YES NO

Have you ever renounced United States citizenship for the purpose of avoiding taxation? YES NO

Location Information

Current Location: MANILA, PHILIPPINES

Did anyone assist you in filling out this application?

YES

Preparer Surnames:

LIRIO

Preparer Given Names:

GLADY MAE ATIENZA

Organization Name:

**TRAVEL SPECIALIST VENTURES
GROUP INC.**

Street Address:

**GROUND FLR UNIT 101 EAST WIND
RESIDENCES**

City:

121 MALAKAS STREET BRGY CENTRAL

State/Province:

QUEZON CITY

Postal Zone/ZIP Code:

METRO MANILA

Country/Region:

1101

Relationship to You:

PHILIPPINES

TRAVEL AGENT