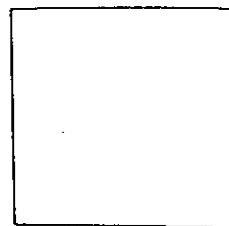


EMBASSY OF THE PHILIPPINES
CONSULAR SECTION
PRAGUE, CZECH REPUBLIC



PERSONAL REGISTRATION FORM

(PLEASE PRINT)

NAME _____
Last Name First Name Middle/Maiden Name

DATE & PLACE OF BIRTH _____

SEX Male Female

PRESENT PASSPORT NO. _____ DATE OF ISSUE _____

PLACE OF ISSUE _____

CIVIL STATUS _____

If married, name of spouse _____ CITIZENSHIP _____

DATE OF FIRST ARRIVAL IN THE CZECH REPUBLIC _____

ADDRESS IN THE CZECH REPUBLIC _____

TELEPHONE NUMBER _____

ADDRESS IN THE PHILIPPINES _____

TELEPHONE NUMBER _____

OCCUPATION _____

NAME OF EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER _____

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED IN THE PHILIPPINES

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER _____

I certify that the above-mentioned information is correct.

(SIGNATURE)

(DATE)

[PLEASE NOTIFY THE EMBASSY IMMEDIATELY OF ANY CHANGE IN ADDRESS]