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| 15a. PERSON TO CONTACT IN CASE OF EMERGENCY: | 15b. TEL/MOBILE NO. OF PERSON TO NOTIFY: |
|--|--|

| STATUS OF CURRENT PASSPORT | |
|---|---|
| Please choose as applicable: <input type="checkbox"/> Passport Intact <input type="checkbox"/> Damaged Passport • Affidavit of Explanation | <input type="checkbox"/> Lost Valid Passport • Affidavit of Loss • Police Report in English <input type="checkbox"/> Lost Expired Passport • Affidavit of Explanation |

16. HOW DO YOU WISH TO RECEIVE YOUR PASSPORT? PICK-UP BY MAIL (Pls. Provide Xpress Post Env.)

WAIVER OF LIABILITY

I waive any & all claims that may now and in the future have against, & the release & hold free from any responsibility or liability & agree not to sue the Philippine Consulate in Toronto or any of its officers & staff or its agents/representatives for any personal injury, expense, loss or damage that I may suffer or sustain as a result or by reason of the mailing of my passport/documents using the services of Canada Post or courier.

Mail Tracking No: _____ **Signature:** _____

DECLARATION OF APPLICANT

I HEREBY DECLARE AND AFFIRM that **1)** I am a Filipino Citizen. **2)** The information I provided in this application are true and correct. **3)** The supporting documents attached are authentic. **4)** I consent to the verification by the Philippine Government of the information I provided to establish my personal particulars, and further consent to issue its use for any lawful purpose. **5)** I am aware that the information provided in this application will be treated in accordance with relevant privacy regulations. **6)** I am aware that under the law, I am allowed to hold only one valid regular Philippine passport at a given time; **7)** I am aware that making false statements in this passport application and furnishing falsified or forged documents are punishable by fine or imprisonment, and grounds for suspension or denial of application. **8)** I understand and accept the release of the passport could be subject to delay due to unforeseen events beyond the control of the Department of Foreign Affairs.

17. SIGNATURE OVER PRINTED NAME

18. DATE (ex. 01 Jan 2017)

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|-------------------------------|--------------------------------|--|---------------------------|---------------------|
| PROCESSOR'S SIGNATURE: | WATCHLIST VERIFICATION: | SIGNATURE OF APPLICANT/REPRESENTATIVE TO RECEIVE: | | |
| | | BORROWED PASSPORT | CANCELLED PASSPORT | NEW PASSPORT |

| | | |
|-----------------|------------------|-------------------------|
| REMARKS: | SIGNATURE | |
| | ENCODER: | SIGNING OFFICER: |

END