

F.A. Form No. 24 (Revised 1987): Application for Registration and ID Card Of Philippine Nationals

FOR CONSUL TO FILL IN

Reg.ID Card No.: _____

Date of Issue: _____

SHOULD THERE BE CHANGES IN YOUR CONTACT DETAILS,

KINDLY INFORM THE CONSULATE OF THE PHILIPPINES IN ANDORRA

Apartado de Correus 2193, AD500 Andorra la Vella, Phone +376 863 363, Homepage: www.cdfa.ad

PHOTO

NAME: _____
(FIRST NAME/ NOMBRE (MIDDLE NAME/PRIMER APELLIDO) (LAST NAME/ SEGUNDO APELLIDO)

BORN ON _____ IN _____

SEX _____ HEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____ CIVIL STATUS _____

DISTINGUISHING MARKS ON FACE _____

PASSPORT NUMBER _____ ISSUED ON _____ AT _____

ADRESS IN THE PHILIPPINES _____

ADDRESS IN ANDORRA _____

TELEPHONE NO. _____ E-MAIL _____

COMPLETE NAME OF FATHER _____

COMPLETE NAME OF MOTHER _____

NAME & ADRESS OF THE COMPANY WHERE YOU ARE WORKING: _____

_____ TELEPHONE NO. _____

ARRIVED IN ANDORRA ON _____ PURPOSE OF STAY _____

NUMBER OF RESIDENCE PERMIT _____ VALID UP TO: _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

IN THE PHILIPPINES

IN ANDORRA

(1)NAME: _____

RELATIONSHIP: _____

ADRESS: _____

TEL NO. _____

(1)NAME: _____

RELATIONSHIP: _____

ADRESS: _____

TEL NO. _____

(2)NAME: _____

RELATIONSHIP: _____

ADRESS: _____

TEL NO. _____

(2)NAME: _____

RELATIONSHIP: _____

ADRESS: _____

TEL NO. _____

DATE SIGNED _____

SIGNATURE

NOTA: DE CONFORMITAT AMB LA LLEI 15/2003 QUALIFICADA DE PROTECCIÓ DE DADES PERSONALS LA PERSONA INTERESSADA TÉ EL DRET D'ACCEDIR A LES SEVES DADES, DE MODIFICAR-LES O SUPRIMIR-LES AL CONSOLAT DE FILIPINES EN ANDORRA.