



**Embassy of the Philippines
Cairo, Egypt**

Photo and
attach copy
of passport

ASSISTANCE TO NATIONALS FORM

REQUEST FOR ASSISTANCE _____

Date: _____

No.: _____

FULL NAME (Last Name, First Name, Middle Name):

Signature: _____

Date & Place of Birth: _____ Age: _____ Sex: _____

Civil Status: _____ If married, name of spouse and children: _____

Name of Father: _____ Name of Mother: _____

Passport Number: _____ Date & Place of Issue _____

Occupation / Work: _____ Place of Work: _____

Home address in Egypt: _____

Telephone Number in Egypt: _____ Email Address: _____

Number of Years in Egypt: _____ Date of Arrival in Egypt: _____

Address in the Philippines: _____

Contact Person/s in the Philippines: _____ Relationship: _____

Address of Contact Person in the Philippines: _____

Telephone Number of Contact Person in the Philippines: _____ Email Address: _____

Contact Person/s in the Egypt: _____ Relationship: _____

Address of Contact Person in Egypt: _____

Telephone Number of Contact Person in Egypt: _____ Email Address: _____

Name of Employer: _____

Address: _____

Telephone Number/s: _____ Email Address: _____

Name of Agency in the Philippines: _____

Address: _____

Telephone Number/s: _____ Email Address: _____



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Cairo, Egypt

AFFIDAVIT / SINUMPAANG SALAYSAY

I / Ako si _____ Filipino, single / married / others _____ of legal age / may sapat na gulang, presently residing in / kasalukuyang naninirahan sa _____, after having duly sworn in accordance with the law, do hereby depose and state / pagkatapos manumpa ngayon sa sa batas ay malayang nagsasabi at nagsasalaysay ng buong katotohanan ng mga sumusunod:

Multiple horizontal lines for writing the affidavit content.

IN WITNESS WHEREOF, I have hereunto set my hand this / nilagdaan ko ngayong _____ at the Philippine Embassy in Cairo, Egypt.

Affiant's Signature (Lagda ng Nanunumpa)

SUBSCRIBED AND SWORN to before me this _____ at the Philippine Embassy, Cairo, Egypt.

Doc. No.: _____
Service No.: _____
Fee Paid: _____
OR No.: _____
Book No.: _____