

## **AFFIDAVIT**

## **Support and Consent/Parental Travel Permit**

| I/We,                   |                                      | , and                  | , of legal  | age.   |
|-------------------------|--------------------------------------|------------------------|---|--------|
| and preser              |                                      |                        | with telephone in accordance with law, do hereby depose |        |
|                         | , after having                       | been duly sworn to     | in accordance with law, do hereby depose                | anc    |
| say:                    |                                      |                        |   |        |
| 1. That I am            | n/we are the parent/s of the         | following child/child  | ren:  |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
| 2. That the             | e child/children will trave          | el to                  | (country/plac   | e of   |
| destination)            | for the following reason/s.          |                        |   | ,      |
| 3. That the             | child/children will leave the        | Philippines on (date   | e)  |        |
| and will stay           | $\gamma$ in the said place of destin | nation for a period of |   |        |
| and will be t           | aken care of by                      |                        |   | ;      |
| 4. That my/o            | our child/children will be ac        | companied by           |   |        |
|                         |                                      |                        |   | ;      |
| 5. That I/we            | personally quarantee fina            | ncial support of the   | child/children in the course of his/her/their t         | ravel  |
| and stay or             | itside the Philippines and           | further guarantee th   | nat he/she/they will not in any manner bed              | come   |
| public ward/            | 's or burden in the United A         | Arab Emirates or any   | country en route from or to the Philippines             | -      |
| 6. That this            | affidavit is executed for            | the purpose of atte    | sting to the truth of the foregoing facts an            | ıd for |
|                         | gal purpose it may serve p           |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
| Nam                     | ne and Signature of Fathe            | <br>er                 | Name and Signature of Mother                            |        |
|                         | · ·                                  |                        | <b>G</b>  |        |
|                         |                                      |                        |   |        |
| SURSCRIRE               | ED AND SWORN to before m             | a this                 | at the Philippine Consulate General.                    |        |
|                         |                                      |                        | ner valid passport, copy of which is attached.          | ,      |
|                         |                                      |                        |   |        |
|                         |                                      |                        |   |        |
| Service no.<br>Doc. No. | <u>:</u>                             |                        |   |        |
| Book No.                | :                                    |                        |   |        |
| Fee Paid                | <del></del>                          |                        |   |        |
| O.R. No.                | •                                    |                        |   |        |