

US VISA RENEWAL APPLICATION				
NO OF APPLICANTS	RATE PER PERSON			
2-3 applicants	PHP 14,000			
Single applicant	PHP 14,500			
HIGHLIGHTS:	NOTES			
✓ LBC Drop Box Processing (earliest possible)	NO PERSONAL APPEARANCE IS			
✓ DS 160 processing from Visa Expert	REQUIRED			
✓ Visa Fee Included - 185 USD (PHP 11,100)	• LBC Fee is P1,000 (not included)			
✓ Visa Renewal or New Application for dependents	 Processing is 12-15 working days 			
(0-13 yrs old and 79 yrs old and above)				
VISA REQUIREM	IENTS CHECKLIST			
Accomplished Questionnaire (Please refer on	the page 2 & onwards)			
Scanned copy of Passport (at least 6 months validity prior to target travel date)				
Scanned copy of previous US Visa (for renewal) or current US Visa (if for dependent)				
Soft copy of 2" x 2" picture white background (should be for US Visa) – must be taken from a photo studio				
Original Birth Certificate of the Child (0-13yrs old)				
Original Birth Certificate of the US Visa Holder (79yrs old and above)				
STEPS IN US VISA PROCESSING				
1. Email Accomplished Questionnaire, Scanned Copy of Passport and US Visa photo				
2. Pay the Visa Assistance Fee, send the proof of payment to our Visa Specialist.				
3. We'll create your DS160 in 2 to 3 working days and schedule you on the earliest available schedule for the LBC Drop Box				
4. Submit the DS160 confirmation, MRV Receipt and Actual Passport to LBC				
5. Processing is 12-15 working days				

IMPORTANT REMINDERS:

We cannot guarantee 100% Drop Box Renewal or Dependent Application processing. Sometimes,

the Embassy will request for a face to face interview

US VISA QUESTIONNAIRE

(PLEASE ANSWER IN **BOLD FONT**. PUT N/A IF NOT APPLICABLE)

	PERSONAL IN	VEORMATION		
Surname:		Given Names:		
	Other Names Us	sed If Applicable:		
(Maiden Na	ame, Religious Name	, Professional Name	, Ali	as, Etc)
Surname:		Given Names:		
Gender:				
Marital Status:		Date Of Marriage:		
Date Ended If Separated Or Divorced:		If Separated Or Div	vorc	ed Please Provide Reason:
Date Of Birth:		Place Of Birth:		
Country/Region Of Origin (Nationality):				
Do You Hold Or Have You Held Any Nat	ionality Other	If Yes, Please Advis	e O	ther Country/Region Of Origin
Than The One Indicated Above On Nationality?		(Nationality):		
Do You Hold A Passport For The Other Origin (Nationality) Indicated Above?	Country/Region Of	If Yes, Please Provid	de F	Passport Number
Are You A Permanent Resident Of A Co	untry/Region	If Yes, Please Advise Other Permanent Resident		
Other Than Your Country/Region Of Or	igin (Nationality)	Country/Region		
Indicated Above?		- 1		
Complete Home Address With Zip Code	e:	Complete Mailing	Add	ress With Zip Code:
Personal Landline Number:		Personal Mobile Nu	umb	er:
Personal Work Phone Number:		Email Address:		
Passport/Travel Document Type (Regula	ar / Diplomat):	Passport/Travel Do	cun	nent Number:
Country/Authority That Issued Passport/Travel Document:		Place where the Passport/Travel Document was Issued?:		
Issuance Date:		Expiration Date:		
Have You Ever Lost A Pa	assport Or Had One	Stolen? If Yes. Please	e Pro	ovide The Following:
Passport Number:	Country/Authority That Issued Reason:			
. asspect mannes	Passport/Travel Document:			
SOCIAL MEDIA LINKS:				
Purpose Of Your Trip To US				
Reason For Visiting The US (Specify):	•	•		
Intended date of entry to US:		Intended Length O	of St	ay In U.S:
Who Will Pay For Your Trip?				
Note: If other person will finance your t	rip, please fill up the	following:		
Surname Of Person Paying For Trip	Given Name Of Per			Relationship To The Applicant
Samanie Streison raying rot mp	Given Hame of Fer	son raying ror mp		relationship to the Applicant
Financer's contact number	Financer's email address			
Financer's Complete Home Address with Zip Code				
If a company or Organization will finance your trip, please fill up the following:				
Name of Company/ Organization Paying For Trip	Contact number of of Company/ Organization Paying For Trip Relationship To The Applicant			
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Financer's Complete Mailing Address with Zip Code					
Address Where You Will Stay In The U.S.					
Street Address (Line 1)		City			
State		ZIP Code			
Are There Other Persons Traveling Witl	n You?				
Are You Traveling As Part Of A Group Or Organization?		If You Are Travelling As Part Of A Group Or Organization			
Surnames Of Person Traveling With You: 1.	Given Names Of Person Traveling With You: 1.		Relationship To You: 1.		
2.	2.		2.		
3.	3.		3.		
4.	4.		4.		
Have You Ever Been In The U.S.? If Yes, Provide The Dates Covered		Do you or did you	ever hold a U.S. Driver's License?		
	Been Issued A U.S.	Visa? If Yes, Provid	de The Following:		
Previous US Visa Number:	Issuance Da		ate The Tonowing		
Are you applying for the same type of visa?	or location where issued, & is this co	poplying in the same country makere the visa above was is this country or location of principal of residence?			
Has your U.S. Visa ever been lost or stolen? If yes, please advise year when you lost it and Explain		Has your U.S. Visa ever been cancelled or revoked? If yes, please explain			
Have You Ever Been Refused A U.S. Visa, Or Been Refused Admission To The United States, Or Withdrawn Your Application For Admission At The Port Of Entry? If Yes, Explain					
Has Anyone Ever Filed An Immigrant Pe	etition On Your Beha	lf With The United S	tates Citizenship And Immigration		
Services? If Yes, Explain					
	<u>ON OR ORGANI</u>		UNITED STATES		
Surnames:		Given Names:			
Organization Name:		Relationship to You:			
U.S. Street Address (Line 1):		City:			
State:		ZIP Code (if known):			
Phone Number:		Email Address:			
FAMILY INFORMATION					
Father's Full Name:		Father's Date of Bi	irth:		
Is your father in the U.S.?					
If yes, status (US Citizen / US Legal Per	manent Resident / N	lonimmigrant)			
		Mother's Date of E	Birth:		
Is your mother in the U.S.? If yes, status (US Citizen / US Legal Permanent Resident / Nonimmigrant)					
Do you have any immediate relatives, not including parents, in the United States?					
If yes, please provide the following					
1. SURNAME OF THE RELATIVE		GIVEN NAME OF THE RELATIVE			
RELATIONSHIP WITH THE APPLICANT		RELATIVE STATUS IN USA (Citizen / Permanent Resident / Nonimmigrant)			

2. SURNAME OF THE RELATIVE	GIVEN NAME OF THE RELATIVE		
RELATIONSHIP WITH THE APPLICANT	RELATIVE STATUS IN US (Citizen / Permanent Resident / Nonimmigrant)		
Do you have any other relatives not including parents or im If yes, please provide the following	mediate relatives in the United States?		
1. SURNAME OF THE RELATIVE	GIVEN NAME OF THE RELATIVE		
RELATIONSHIP WITH THE APPLICANT	RELATIVE STATUS IN US (Citizen / Legal Permanent Resident / Nonimmigrant)		
	DETAILS		
Spouse's Full Name (include Maiden Name):	Date of birth:		
Spouse's Country/Region of Origin (Nationality):	Spouse's Place of Birth:		
Spouse's Complete Address with Zip Code:			
Do you have children / dependents?			
If yes, kindly fill-up below.			
Complete name and Ages of your Children / dependents:			
CURRENT WOR	RK / EDUCATION		
Primary Occupation / Student:	Present Employer / Name of School:		
Complete Company / School Address with ZIP Code and Co	I ontact Number (Telephone and Mobile)		
When did you start working for the company? Or when did you enter the school? Exact dates needed.	What is your job Responsibility?		
What is the source of your Monthly Income?	How much do you earn per month?		
How much is your bank account and what is your Average Daily Balance (ADB) for the past 6 months?	How much is your pocket Money to US?		
DDE/IIOLIS E	MPLOYMENT		
Previous Employer Name:	Previous employer Complete Address including ZIP Code and Phone Number:		
Job Title, Supervisor's Surname, Supervisor's Given Name, Employment date (start and end):	Briefly describe your duties:		
* Have you attended any educational institutions at a seco	ı ndarv level or ahove?		
Name of institution:	Street Address (Line 1), City, State/Province, Postal		
rvanie of institution.	Zone/ZIP Code, Phone Number and Country/Region:		
Course of Study:	Attendance date (start and end):		
TRAVEL	HISTORY		
Countries Visited in the past 8 years	Arrival Date and Departure date		
1.			
2.			
۷.			

3.		
4.		
5.		
6.		
7.		
8.		
ADDITIONAL QUESTIONS		
Do you belong to a clan or tribe?		
Provide a List of Languages You Speak (please enumerate)		
Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? (please		
enumerate)		

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? (please enumerate)

Have you ever served in the military?

If yes, Name of Country/Region, Branch of Service, Rank, Military Specialty, service dates (start and end)

Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?