SUBIC BAY METROPOLITAN AUTHORITY
VISA PROCESSING AND ACCREDITATION OFFICES, REGULATORY GROUP
2nd floor Regulatory Bldg., Labitan St. corner Rizal Avenue (02) 252-4257/4203

SPECIAL SUBIC-CLARK WORKING VISA REQUIREMENTS CHECKLIST

☐ **NEW**
☐ **PRINCIPAL**

CONTROL NO. _____
VALID FROM: _____ **TO:** _____
Date Required: _____

____ 1. Duly accomplished application with latest 2X2" colored picture with notarized Affidavit of Support/Guarantee executed by a responsible officer of the cognizant SBF enterprise at the back page;
____ 2. Copy of passport with the latest arrival visa and updated visa;
____ 3. Certified true copy of employment contract/Consultancy Agreement (for non-elective positions) or notarized Corporate Secretary's Certificate/Board Resolution on the election/appointment (for elective positions) from a zone-registered enterprise;
____ 4. Alien Employment Permit (AEP) issued by the Department of Labor and Employment (DOLE);
____ 5. Copy of SBF Certificate of Registration (should have a remaining validity period of at least two (2) months upon submission of application;
____ 6. Medical Certification (please see attached template);
____ 7. Visa Processing fee of $100.00: OR No. _____ Date: _____

☐ **RENEWAL**
☐ **PRINCIPAL**

CONTROL NO. _____
VALID FROM: _____ **TO:** _____
Date Required: _____

____ 1. Duly accomplished application with latest 2X2" colored picture with notarized Affidavit of Support/Guarantee executed by a responsible officer of the cognizant SBF enterprise at the back page;
____ 2. Copy of passport with the latest arrival visa and updated visa;
____ 3. Certified true copy of employment contract/Consultancy Agreement (for non-elective positions) or notarized Corporate Secretary's Certificate/Board Resolution on the election/appointment (for elective positions) from a zone-registered enterprise;
____ 4. Extended Alien Employment Permit (AEP) issued by the Department of Labor and Employment;
____ 5. Copy of SBF Certificate of Registration (should have a remaining validity period of at least two (2) months upon submission of application;
____ 6. Medical Certification (please see attached template);
____ 7. Visa Processing fee of $50.00: OR No. _____ Date: _____

CLEARED BY THE BUREAU OF IMMIGRATION ON _____

_____
VISA EVALUATOR

REMINDER: RENEW YOUR VISA TWO (2) MONTHS PRIOR TO ITS EXPIRY DATE.