



**EMBASSY OF THE REPUBLIC OF THE PHILIPPINES
BEIJING, CHINA**

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PASSPORT RELEASE TRANSFER REQUEST

Date: _____

Full Name: _____

Complete mailing address: _____

Complete Contact number/s: _____

E-mail Address: _____

Assistance Requested:

Claiming by Representative

Name of representative: _____

Applicant's relationship to representative: _____

Cancellation of Passport

Release at RCO _____

Release at Post: _____

Return of Passport

Passport Application filed at: _____

Date of Passport Application: _____

Date of Arrival at requested site: _____

Flight details (if available): _____

Please state facts and reason/s for request:

I hereby certify that the above information is correct.

SIGNATURE OVER PRINTED NAME OF APPLICANT

Reminders:

1. Applicants must immediately inform the nearest Post/Office upon arrival.
2. Representatives must be duly-authorized, whenever possible, with a Special Power of Attorney.
3. Applicants requesting transfer of release venue may expect a delay due to the arrangements that have to be made to facilitate the request.
4. The Department reserves the right to deny the request subject to existing law and Department rules and regulations.
5. I have understood the above reminders.

SIGNATURE OVER PRINTED NAME OF APPLICANT

DATE