



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS
ASSISTANCE TO NATIONALS FORM

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.
PROVIDING FALSE STATEMENT IS PUNISHABLE BY LAW (R.A. 8239)

Date: _____

Foreign Service Post: BERNE GENEVA

NAME:
Pangalan Surname (Apelyido) First Name (Pangalan) Middle Name (Panggitnang Pangalan)

DATE OF BIRTH: *Petsa ng Kapanganakan:* PLACE OF BIRTH: *Lugar ng Kapanganakan:*

ADDRESS IN SWITZERLAND: *Tirahan sa Switzerland:* Contact No. *Telepono:*

NEXT OF KIN IN THE PHILIPPINES: *Pangalan ng Pinakamalapit na Kamag-anak sa Pilipinas:* Contact No. *Telepono:*

ADDRESS OF NEXT KIN: *Tirahan ng Pinakamalapit na Kamag-anak sa Pilipinas:* Contact No. *Telepono:*

NATURE OF ASSISTANCE REQUESTED:
Uri ng Tulong na Hinihingi:

Signature: _____ Date: _____
Lagda: _____ Petsa: _____

Remarks/ Action Taken: