



入国カード

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF JUSTICE BUREAU OF IMMIGRATION			ARRIVAL CARD
Fill this card in English with blue or black pen and in CAPITAL letters.			
1	LAST NAME	H O K K A I (1)	
2	FIRST NAME	H A N A K O (2)	
3	MIDDLE NAME	(3)	
4	CONTACT NUMBER AND/OR E-MAIL ADDRESS	0 0 0 - 0 0 0 0 - 0 0 0 0 (4)	
5	PASSPORT / TRAVEL DOCUMENT NUMBER	M S 0 0 0 0 0 (5)	9 FLIGHT / VOYAGE NUMBER P H P 4 0 4 (9)
6	COUNTRY OF FIRST DEPARTURE	J A P A N	10 PURPOSE OF TRAVEL (check one only) (10) <input checked="" type="checkbox"/> PLEASURE / VACATION <input type="checkbox"/> OVERSEAS FILIPINO WORKER <input type="checkbox"/> FRIENDS / RELATIVES <input type="checkbox"/> RETURNING RESIDENT <input type="checkbox"/> CONVENTION / CONFERENCE <input type="checkbox"/> WORK / EMPLOYMENT <input type="checkbox"/> EDUCATION / TRAINING <input type="checkbox"/> BUSINESS / PROFESSIONAL <input type="checkbox"/> OFFICIAL MISSION <input type="checkbox"/> RELIGION / PILGRIMAGE <input type="checkbox"/> HEALTH / MEDICAL <input type="checkbox"/> OTHERS
7	COUNTRY OF RESIDENCE	J A P A N (7)	
8	OCCUPATION / WORK	O F F I C E W O R K E R (8)	
11	SIGNATURE OF PASSENGER	北 海 花 子 (11)	
		FOR OFFICIAL USE ONLY	

- (1)姓
- (2)名
- (3)ミドルネーム(あれば)
- (4)電話番号 or メールアドレス
- (5)旅券番号(パスポート番号)
- (6)出発地
- (7)居住地
- (8)職業
- (9)便名
- (10)渡航目的・・・チェックボックス形式になっていますので、PLEASURE/VACATIONにチェックを入れて下さい。
- (11)旅券と同一の署名

検疫カード

HEALTH DECLARATION CHECKLIST

IMPORTANT REMINDER: Accomplish this form honestly and completely to facilitate quarantine procedures. Anyone found giving false information is liable and punishable in accordance with Philippine laws.

Personal Data: **HOKKAI HANAKO (1)**
 Name: Last Name First Name Middle Name
 Sex **Female (2)** Age **28 (3)** Nationality **JAPAN (4)**
 Flight # **PHP404 (5)** Seat # _____ Arrival Date: **Jan. 15th, 2018 (6)**
 ADDRESS IN THE PHILIPPINES:
 (7) _____
 House No. Street Brgy./ Subd.
 Town/ City **CEBU GREAT SCHOOL (8)**
 NAME OF HOTEL (For Tourist):
 Address of Hotel: **CEBU Central Park 1-1-1**
 Town/ City
 Tel / Mobile No. (063) **000-0000-0000 (9)**
 E-mail Address: **hokkai.hanako@gmail.com (10)**
 Travel History:
 Countries visited for the past four (4) weeks:
 Liberia Guinea Sierra Leone Arabian Peninsula
 Others: **(11)**
 Please check if you have any of the following at present or during the past 30 days:
 Fever Cough Difficulty of breathing
 Headache Abdominal Pain Diarrhea **(12)**
 Sore Throat Body Weakness Vomiting
 History of Exposure: **(13)** Yes No
 Did you visit any health facility?
 Did you visit any zoo, poultry farm, animal market or slaughter house?
 Did you take anti-fever medication during the last 4-6 hours?
 Did you visit or cared for a health worker?
 Signature of Passenger / Crew **北海道 花子 (14)**


フィリピンに入国する際に、世界的流行(パンデミック)している感染症がある場合、このような検疫カードを記入しなければなりません。

- (1)氏名
- (2)性別(男：Male 女：Female)
- (3)年齢
- (4)国籍
- (5)便名
- (6)入国日(月・日・西暦の順に書く)
- (7)フィリピンでの滞在先(学校の住所)
- (8)学校名
- (9)自身のTEL番号
- (10)自身のメールアドレス
- (11)フィリピン入国前の4週間以内に行った国(訪れていない場合は空白で)
- (12)体調不良がある場合はチェックマークを入れて下さい。
- (13)病気に感染する可能性のある場所・施設を訪れたかどうか。
- (14)パスポートと同じ署名

1月	Jan
2月	Feb
3月	Mar
4月	Apr
5月	May
6月	Jun
7月	Jul
8月	Aug
9月	Sep
10月	Oct
11月	Nov
12月	Dec

Fever	熱がある
Body Weakness	体の節々の痛み
Cough	咳が出る
Headache	頭痛がある
Difficulty of Breathing	呼吸が困難
Sore Throat	喉の痛み
Severe Diarrhea	下痢をしている

税関申告書

 Republic of the Philippines Department of Finance BUREAU OF CUSTOMS		
CUSTOMS DECLARATION		
All arriving passengers must provide the following information. If travelling with a family, only one (1) declaration is required to be made by the head or any responsible member thereof. Please fill-up completely and legibly.		
SURNAME / FAMILY NAME	FIRST NAME	MIDDLE NAME
HOKKAI HANAKO (1)		
SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE (2)	BIRTHDAY (MM/DD/YY) AUG/22/1989 (3)	
CITIZENSHIP JAPANESE (4)	OCCUPATION / PROFESSION OFFICE WORKER (5)	
PASSPORT NO. MS00000 (6)	DATE AND PLACE OF ISSUE JAN/20th/2018 (7)	
ADDRESS (Philippines) CEBU GREAT SCHOOL (8) CEBU Central Park 1-1-11		ADDRESS (Abroad) #706 STOKES SAPPORO,6-1 NISHI 5, KITA 7 SAPPORO HOKKAIDO, JAPAN (9)
FLIGHT NO. PHP404 (10)	AIRPORT OF ORIGIN NEW CHITOSE (11)	DATE OF ARRIVAL FEB/10/2018 (12)
PURPOSE OF TRAVEL TO THE PHILIPPINES		
1. <input type="checkbox"/> Balikbayan	4. <input type="checkbox"/> Business	(13)
2. <input type="checkbox"/> Returning Resident	5. <input checked="" type="checkbox"/> Tourism	
3. <input type="checkbox"/> Overseas Filipino Worker	6. <input type="checkbox"/> Others (Specify)	
NO. OF ACCOMPANYING MEMBERS OF THE FAMILY: (14)		
NO. OF BAGGAGE: Checked-in <u>1</u> Pcs. Handcarried <u>1</u> Pcs (15)		

GENERAL DECLARATION: (Please read important information at the back)	
1. Are you bringing in live animals, plants, fishes and/or their products and by-products? (If yes, please see a Customs Officer before proceeding to the Quarantine Office).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you carrying legal tender Philippine notes and coins or checks, money order and other bills of exchange drawn in pesos against banks operating in the Philippines in excess of PHP 10,000.00? If yes, do you have the required Bangko Sentral ng Pilipinas authority to carry the same?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are you carrying foreign currency or other foreign exchange-denominated bearer negotiable monetary instruments (including travelers checks in excess of US\$10,000.00 or its equivalent)? (If yes ask for and accomplish Foreign Currency Declaration Form at the Customs Desk at Arrival and Departure areas).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Are you bringing in prohibited items (firearms ammunitions and part thereof, drugs, controlled chemicals) or regulated items (VCDs, DVDs, communication devices, transceivers)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Are you bringing in <input type="checkbox"/> jewelries <input type="checkbox"/> electronic goods, and <input type="checkbox"/> commercial merchandise and/or samples purchased or acquired abroad?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (16)
ALL PERSONS AND BAGGAGE ARE SUBJECT TO SEARCH AT ANY TIME. (Section 2210 and 2212 Tariff & Customs Code of the Philippines as amended)	
I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THIS DECLARATION IS TRUE AND CORRECT	DATE OF LAST DEPARTURE FROM THE PHILIPPINES
北海 花子 (17)	MAR/25/2018 (18)
SIGNATURE OF PASSENGER	
FOR CUSTOMS USE ONLY	
PRINTED NAME & SIGNATURE OF CUSTOMS OFFICER	CODE NO. LANE NO. DATE
SC Form No. 117 (Rev. 25 Aug 03) cebupacificair.com	

- (1)氏名
- (2)性別(男：MALE 女：FEMALE)
- (3)生年月日(月・日・西暦)
- (4)国籍
- (5)職業
- (6)パスポートナンバー
- (7)パスポート発行日(月・日・西暦)、発行地
- (8)フィリピンでの住所(学校名・学校の住所)
- (9)現住所
- (10)到着便名
- (11)搭乗空港名
- (12)入国日(月・日・西暦)
- (13)訪問目的(TOURISM)を選択して下さい。
- (14)同伴する家族の人数
- (15)荷物個数(受託・機内持ち込み)

(16)所持品の申告

・ 生きた動物、植物、魚、それらの加工品を所持していますか？(Yesの場合は職員に申し出て下さい。)

・ 10,000ペソ以上のフィリピン紙幣・硬貨、小切手、郵便為替その他フィリピン銀行が発行したペソに換えられる金券を所持していますか？

・ US\$10,000または相当額を超える外貨を所持していますか？(Yesの場合は到着ロビーの税関で申告用紙に記入。)

・ 輸入禁止商品(銃、およびその部品、弾薬、覚醒剤などのドラッグ、規制薬品)または輸入制限品(DVD、通信機器など)を所持していますか？

・ 販売目的の宝石、電子機器、商品見本などを所持していますか？

(17)パスポートと同一の署名

(18)フィリピンを出国する予定日(月・日・西暦)

Have a great trip!!

Enjoy your life in the Philippines!!

We are always with you.

