

EMBASSY OF THE PHILIPPINES)
CONSULAR SECTION) S.S.
Manama, Kingdom of Bahrain

JOINT AFFIDAVIT OF SUPPORT AND CONSENT

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, of legal age Filipino, single/married, currently residing at _____ Bahrain, holder of Philippine Passport No. _____ issued on _____ at _____
AND _____ of legal age, Filipino, single/married, currently residing at _____ Bahrain, holder of Philippine Passport No. _____ issued on _____ at _____, after having been duly sworn to in accordance with the law, hereby depose and say:

That our _____ who is/are in the Philippines will join us as our _____;

That we are employed by _____(employer/sponsor), as a/an _____(occupation), with a monthly salary of _____(amount), and are in a financial position to support the above-named individual/s during his/her/their stay in the Kingdom of Bahrain;

That by virtue of this affidavit, we will provide him/her/them with financial support during his/her/their stay in the Kingdom of Bahrain and ensure that he/she/they shall not become a public liability;

That we will defray and shoulder all expenses including his/her/their tickets and other incidental expenses;

That we are giving full authority and consent to _____ to accompany our minor son/daughter when he/she/they travel to the Kingdom of Bahrain;

That we are giving _____ full consent to secure on our behalf the appropriate travel documents for our _____ from the Department of Social Welfare and Development.

Affiant Further Sayeth None

Affiant (Father)

Affiant (Mother)

SIGNED IN THE PRESENCE OF:

(Name)
Passport No. : _____
Issued on : _____
Issued at : _____

(Name)
Passport No. : _____
Issued on : _____
Issued at : _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ at the Embassy of the Philippines, Manama, Kingdom of Bahrain, affiant/s exhibiting to me his/her/their Philippine Passport No. _____ issued on _____ at _____ and Passport No. _____ issued on _____ at _____.

Doc. No. : _____
Service No. : _____
Page No. : _____
Book No. : _____
Series of : _____
Fee : _____
O. R. No. : _____