



BI FORM 2014-13-006 Rev 0

APPLICATION FORM FOR REQUEST FOR TRAVEL RECORDS

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SUBJECT'S PERSONAL INFORMATION

Last Name

First/Given Name

Middle Name

Other Name(s)/ Alias(es)

1

2

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Gender

M

F

Passport Number

Place of Birth

Citizenship/Nationality

Residential/Registered Address in the Philippines

House/Unit No., Street, Subdivision

Barangay, Municipality/City

Province, Zip Code

Contact Number(s) in the Philippines

Landline

Mobile

Requesting Foundation/Agency/Embassy/Others

Contact Number(s) in the Philippines

Landline

Mobile

If for Court/Legal Purposes:

Name of Court:

Branch/Place:

Contact Number (s):

ARRIVAL DATE

[DD-MMM-YYYY e.g. 01 JAN 1990]

FLIGHT NUMBER

DEPARTURE DATE

[DD-MMM-YYYY e.g. 01 JAN 1990]

FLIGHT NUMBER

[Use the back page if necessary]

SIGNATURE over PRINTED NAME of the Requesting Party

Date [DD-MMM-YYYY e.g. 01 JAN 1990]

Contact Number

DO NOT FILL OUT THIS PORTION

NO RECORD ON FILE [For ICTS &CCS only]

Arrival

From :

To :

Departure

From :

To :

Verified by:

Date/ Time:

NOTE [For Records Section only]

Certification and Clearance Section (CCS) Window

RECEIVED :

Date & Time

RELEASED :

Date & Time

[To be filled out by Authorized BI Personnel Only]



TRAVEL RECORDS CLAIM STUB

Name of SUBJECT [Last Name, First/Given Name, Middle Name]

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]

Citizenship/Nationality

- Always present this claim stub upon claiming your certificate.
- Unclaimed certificate shall be automatically cancelled after 30 days from the date of issuance.
- If claimed by an authorized representative, present a Special Power of Attorney (SPA) and original valid government-issued ID.

Date & Time FILED

Date & Time RELEASED