

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF JUSTICE

BUREAU OF IMMIGRATION

MAGALLANES DRIVE, INTRAMUROS 1002 MANILA



CONSOLIDATED GENERAL APPLICATION FORM FOR NON-IMMIGRANT VISA, SPECIAL WORK PERMIT AND PROVISIONAL WORK PERMIT

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Note: If the applicant has more than two (2) children, use Consolidated General Application Form for Information on Applicant's Child(ren)

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BUREAU OF IMMIGRATION

MAGALLANES DRIVE, INTRAMUROS 1002 MANILA



CONSOLIDATED GENERAL APPLICATION FORM FOR NON-IMMIGRANT VISA, SPECIAL WORK

Character References in the Philippines Last Name, First/Given Name, Middle Name	OVISIONAL WORK PERMIT
Residential Address in the Philippines House/Unit No., Street, Subdivision/Village, Barangay	Contact Number(s) in the Philippines Landline
Musicipality (City	Mobile
Municipality/City	E-mail Address
Province, Zip Code	
IV. PETITIONER'S INFORMATION	
Spouse Name [Last Name, First Name, Middle Name]	
Company Name	Registration Number
Nature of Institution	
Commercial Religious Others [Pleat Registered Address in the Philippines	ease specify] Contact Number(s) in the Philippines
House/Unit No., Street, Subdivision/Village, Barangay	Landline
Municipality/City	Mobile
Province, Zip Code	E-mail Address
V. APPLICANT'S OTHER INFORMATION	
Position in the Organization	Expiration of Contract [DD MMM YYYY e.q. 01 JAN 1990]
Alien Employment Permit (AEP) Number	Actual Monthly Gross Salary in Philippine Currency
AED Evoiry Date Malid Hatil FDD MMM VVV o.g. 01 7AN 10007	
AEP Expiry Date/Valid Until [DD MMM YYYY e.g. 01 JAN 1990]	DO NOT FILL OUT THIS PORTION
VI. ACR I-Card	Application Number
Alien Certificate of Registration (ACR) Number	
Date of Issuance [DD MMM YYYY e.g. 01 JAN 1990]	Received/Recommended by:(Signature over printed name)
Expiry Date/Valid <i>Until [DD MMM YYYY e.g. 01 JAN 1990]</i>	Reviewed by:(Signature over printed name)
	Approved by:
Certificate of Residence Number (CRN)	(Signature over printed name)
Note: Failure to apply for visa implementation and claim the AC	 CR I-Card within ninety (90) days after visa approval will lead to automatic visa
I/We certify that: (1) All the information in the application obtained from the corresponding government agencies or private end Any statement is false; (b) Any document submitted is falsified; or action the BI may take; and (4) I/We have not filed this or any similar By signing this application/form, I hereby certify that: 1. I have read and understood the questions in the application form at 2. All documents submitted were legally obtained from and authentic 3. I understand that any false or misleading statement made, with representative may: i. Result in the summary denial of my application, if applicable ii. Subject me to criminal prosecution and/or deportation, or iii. Subject my representative to criminal prosecution and/or additionally and freely consent to: (1) The collection and sharing of not transfer, in electronic or other forms, of my personal data, as described and any related entity for the exclusive purpose of filing, processing Republic Act 10173 or the Data Privacy Act of 2012 and its Implementation.	and that my answers are true and correct to the best of knowledge and belief; icated by appropriate government agency/ies or private entities; and withholding of material information, or falsified document submitted by me or my lee, If the definition of the form by and among, as applicable, the latter's representative, petitioner, ing, and implementing the submitted application/form consistent with provisions of the definition of the defin
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Name of Representative:	Accredited Travel Agency/Law Office:
(Last name, First name, Middle name) BI Accreditation No.:	Contact No.:
Residential/Office Address:	Signature

- ACR I-CARD WILL ONLY BE RELEASED UPON COMPLIANCE/SUBMISSION OF THE FOLLOWING:

- ACR I-CARD WILL ONLY BE RELEASED UPON COMPLIANCE/SUB

 1. Photocopy of passport bio-page of the ACR I-Card holder

 2. Valid ID of either parent claiming the ACR I-Card, if applicant is a minor

 3. Photocopy of the BI-Accreditation ID card, if claimed by a travel agent or law firm

 4. Special Power of Attorney (SPA), if claimed by an authorized representative other than the parent or BI accredited entity