



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF JUSTICE
BUREAU OF IMMIGRATION
MAGALLANES DRIVE, INTRAMUROS



BI ACCREDITATION APPLICATION FORM FOR LIAISON OFFICERS AND REPRESENTATIVES

Attach your 2x2 colored photograph **with white background** using permanent glue in the photograph box.

The photograph must be taken within the last three (3) months from the date of application.

A scanned photograph is not allowed. A photograph of the applicant wearing eyewear (i.e. sunglasses, colored contact lenses, etc.) or headwear is not acceptable.

REMINDERS:

1. Accomplish this form by writing as legibly & comprehensively as possible.
2. Check the corresponding box of your answer, if applicable.
3. Submit two (2) pieces of 2x2 colored photograph. Paste one photograph on the corresponding space and submit the other one to the concerned frontline officer.
4. Please comply with the requirements to avoid delay in issuing your accreditation.
5. Any changes in the provided information without informing the Bureau will be ground for denial or cancellation of the accreditation.

(INFORMATION PROVIDED WILL BE THE BASIS FOR ID PRINTING.)

APPLICATION CATEGORY

☐ Law Office

☐ Travel Agency

☐ Consultancy Office / Corporation

☐ Consular office or Government Organization

☐ Missionary

☐ Other Entity

BONDS

☐

☐

☐ N/A

I. APPLICATION
Nature of Application

☐ New Applicant

☐ Renewal

II. APPLICANT'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)

Sex ☐ M ☐ F ☐ X

Civil Status ☐ Single ☐ Married ☐ Annulled ☐ Separated ☐ Widowed ☐ Divorced

Height (cm)

Weight (kg)

Country of Citizenship

Social Security System (SSS) Number

PhilHealth Number

Government Service Insurance System (GSIS) Number

Tax Identification Number (TIN)

Company/Agency Employee Number

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

Contact Number(s) in the Philippines

Landline

Mobile Number

E-mail Address

III. EMPLOYMENT

Name of Office

Designation

Office Address

Room No., Floor No., Building, Street

Barangay, Municipality/City

Province, Zip Code

Facsimile

Contact Number(s) in the Philippines

Landline

Mobile Number

E-mail Address



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Immigration-related Seminar/s Attended

No.	Title of Seminar	Batch Number	Date of Seminar (DD-MMM-YYYY)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

IV. EMPLOYMENT HISTORY

No.	Organization	Inclusive Dates (DD-MMM-YYYY)
1		
2		
3		
4		
5		

V. Have you ever been issued a Ban Order/Cancellation Order in violation of BI Accreditation guidelines or regulations?

☐ YES ☐ NO

If YES, give details:

(Violation)

[Date of Order (DD MMM YYYY)]

(Ban/Cancellation Order Number)

Was your Ban Order lifted? Give details:

[Date of Order (DD MMM YYYY)]

(Lifting Ban Order Number)

By signing this application/form, I hereby certify that:

- I have read and understood the questions in the application form and that my answers are true and correct to the best of knowledge;
- All documents submitted were legally obtained from and authenticated by appropriate government agency/ies or private entities; and
- I understand that any false or misleading statement made, or falsified document submitted by me or my representative may:
 - Result in the summary denial of my application, if applicable,
 - Subject me to criminal prosecution and/or deportation, or
 - Subject my representative to criminal prosecution and/or administrative proceeding.

☐ I, _____, personally or through my agent/representative _____, voluntarily and freely consent to: (1) The collection and sharing of my personal information only in relation to BI protocols; (2) The collection, use, and transfer, in electronic or other forms, of my personal data, as described in the form by and among, as applicable, the latter's representative, petitioner, and any related entity for the exclusive purpose of filing, processing, and implementing the submitted application/form consistent with provisions of Republic Act 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR); (3) Data Sharing when it is expressly authorized by law: Provided, that there are adequate safeguards for data privacy and security, and processing which adheres to the principle of transparency, legitimate purpose, and proportionality.

Date (DD-MMM-YYYY e.g. 01 JAN 1990)

Applicant's Signature over printed name