

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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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

Character References in the Philippines Last Name, First/Given Name, Middle Name	VISIONAL WORK PERMIT
Residential Address in the Philippines House/Unit No., Street, Subdivision/Village, Barangay	Contact Number(s) in the Philippines Landline
Municipality/City	Mobile Notice No
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 [Please Registered Address in the Philippines	specify] Contact Number(s) in the Philippines
House/Unit No., Street, Subdivision/Village, Barangay	Landline
Municipality/City	Mobile
	Mobile
Province, Zip Code	E-mail Address
V. APPLICANT'S OTHER INFORMATION	
Position in the Organization	Expiration of Contract [DD MMM YYYY e.g. 01 JAN 1990]
Alien Employment Permit (AEP) Number	Actual Monthly Gross Salary in Philippine Currency
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) Reviewed by:
Expiry Date/Valid <i>Until [DD MMM YYYY e.g. 01 JAN 1990]</i>	(Signature over printed name)
Certificate of Residence Number (CRN)	Approved by:
I/We certify that: (1) All the information in the application is obtained from the corresponding government agencies or private entitic. Any statement is false; (b) Any document submitted is falsified; or (c) action the BI may take; and (4) I/We have not filed this or any similar at By signing this application/form, I hereby certify that: 1. I have read and understood the questions in the application form and 2. All documents submitted were legally obtained from and authenticated 3. I understand that any false or misleading statement made, within 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 adminimately and freely consent to: (1) The collection and sharing of my 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 Implementic	d that my answers are true and correct to the best of knowledge and belief; ed by appropriate government agency/ies or private entities; and holding of material information, or falsified document submitted by me or my instrative proceeding. through my agent/representative, personal information only in relation to BI protocols; (2) The collection, use, and d in the form by and among, as applicable, the latter's representative, petitioner, and implementing the submitted application/form consistent with provisions of ing Rules and Regulations (IRR); (3) Data Sharing when it is expressly authorized by and security, and processing which adheres to the principle of transparency,
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Name of Representative:	Accredited Travel Agency/Law Office:
(Last name, First name, Middle name) BI Accreditation No.: Residential/Office Address:	Contact No.:

- 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