REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF JUSTICE
BUREAU OF IMMIGRATION
MAGALLANES DRIVE, INTRAMUROS
1002 MANILA

CONSOLIDATED GENERAL APPLICATION FORM FOR IMMIGRANT VISA

I. APPLICATION INFORMATION

Present Immigration Status

Type of Visa Application

☐ Conversion   ☐ Amendment   ☐ Inclusion

Type of Visa

Method of Application

☐ Personal   ☐ Authorized Representative

BI Accreditation Number

Name of Authorized Representative *[Last Name, First/Given Name, Middle Name]*

II. APPLICANT'S TRAVEL INFORMATION

Passport Number

Date of Latest Arrival *[DD MMM YYYY e.g. 01 JAN 1990]*

Expiry Date/Valid Until *[DD MMM YYYY e.g. 01 JAN 1990]*

Place of Issuance

Last Day of Authorized Stay *[DD MMM YYYY e.g. 01 JAN 1990]*

III. APPLICANT'S PERSONAL INFORMATION

Last Name

First/Given Name

Middle Name *(if applicable)*

Other Name(s)/Alias(es)

1

2

Date of Birth *[DD MMM YYYY e.g. 01 JAN 1990]*   Sex ☐ M ☐ F   Country of Birth

Country of Citizenship

Civil Status

☐ Single   ☐ Married   ☐ Annulled
☐ Separated   ☐ Widowed   ☐ Divorced

Height *[cm]*   Weight *[kg]*

Profession/Occupation

Contact Number(s) in the Philippines   E-mail Address

Landline

Mobile

Residential Address in the Philippines
House/Unit No., Street, Subdivision/Village Barangay,

Municipality/City

Province, Zip Code

Residential Address Abroad
House/Unit No., Street, Subdivision/Village

City, State

Country, Zip Code

Name of Spouse *[Last Name, First/Given Name, Middle Name]*

Other Name(s)/Alias(es)

1

2

Name(s) of Child(ren) and Date(s) of Birth *[Last Name, First/Given Name, Middle Name]*

1

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

Last Name, First/Given Name, Middle Name

2

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

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

BOC04.QF.001 Rev. Lev. 0 Effective: 05 AUG 2024

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APPLICANT'S ACR I-CARD CLAIM STUB
Applicant's Name *[Last Name, First/Given Name, Middle Name (Please leave a box after each name)]*

ACR Number

Visa Type

[PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS IF THE ACR I-CARD WILL BE CLAIMED BY AN AUTHORIZED REPRESENTATIVE.]

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Character References in the Philippines
Last Name, First/Given Name, Middle Name

Residential Address in the Philippines
House/Unit No., Street, Subdivision/Village, Barangay

Contact Number(s) in the Philippines
Landline

Municipality/City

Mobile

Province, Zip Code

E-mail Address

IV. PETITIONER'S INFORMATION
Last Name

First/Given Name

Middle Name *(if applicable)*

Registered Address in the Philippines
House/Unit No., Street, Subdivision/Village

Contact Number(s) in the Philippines
Landline

Barangay, Municipality/City

Mobile

Province, Zip Code

E-mail Address

V. ACR I-Card
Alien Certificate of Registration (ACR) Number

Date of Issuance *[DD MMM YYYY e.g. 01 JAN 1990]*

Expiry Date/Valid *Until [DD MMM YYYY e.g. 01 JAN 1990]*

Certificate of Residence Number (CRN)

DO NOT FILL OUT THIS PORTION
Application Number

Received/Recommended by: _____
(Signature over printed name)

Reviewed by: _____
(Signature over printed name)

Approved by: _____
(Signature over printed name)

Note: Failure to apply for visa implementation and claim the ACR I-Card within ninety (90) days after visa approval will lead to automatic visa cancellation and ACR I-Card deactivation, respectively.

CERTIFICATION AND CONSENT

I/We certify that: (1) All the information in the application is truthful, complete and correct; (2) All documents are authentic and were legally obtained from the corresponding government agencies or private entities; (3) I/We understand that my/our application may be summarily denied if: (a) Any statement is false; (b) Any document submitted is falsified; or (c) I/We fail to comply with all the BI requirements without prejudice to whatever action the BI may take; and (4) I/We have not filed this or any similar application before any office of the Bureau.

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

1. I have read and understood the questions in the application form and that my answers are true and correct to the best of knowledge and belief;

2. All documents submitted were legally obtained from and authenticated by appropriate government agency/ies or private entities; and

3. I understand that any false or misleading statement made, withholding of material information, or falsified document submitted by me or my 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 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]

_____
Petitioner's Signature over printed name

_____
Applicant's Signature over printed name

Name of Representative: _____
(Last name, First name, Middle name)

Accredited Travel Agency/Law Office: _____

BI Accreditation No.: _____

Contact No.: _____

Residential/Office Address: _____

Signature: _____

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

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

ACR I-Card Holder: _____
(Signature over printed name)

Claimant: _____
(Signature over printed name)

[For ACR I-Card concerns, please call (+632)525-7557. To check the status of your visa application, please visit https://e-services.immigration.gov.ph/VisaApprovalVerification or https://immigration.gov.ph/resources/visa-application-status/.]