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

CONSOLIDATED GENERAL APPLICATION FORM (CGAF)
FOR EXTENSION OF STAY OF TEMPORARY VISITOR'S VISA

If the applicant overstayed for six (6) months or more than the allowable stay, kindly attach a colored photograph with white background using permanent glue in the photograph box. The **photo size should be 2x2 inches** and must be in standard close-up full-face photo, taken within the past three (3) months. Computer generated or photocopied picture is not acceptable.

Method of Application:
[✓] Personal   [ ] Authorized Representative
Name of Authorized Representative *(Last name, First name, Middle name)*
KEI NISHIKAWA
BI Accreditation Number *(if applicable)*

I. APPLICATION INFORMATION: *(please check)*
Mode of Application:
[ ] Regular   [ ] Express
Number of Months Requested:
[✓] One (1) month   [ ] Two (2) months   [ ] Six (6) months

State your reason for extension of stay including reason for overstaying, if applicable:

I am staying long-term for personal travel. I return to Japan occasionally for short visits. No work or business in the Philippines.

Name and signature of evaluator/ assessor: _____

Contact Information:
Mobile No. *(in the Philippines)*:
+63 952-479-6208

E-mail address:
kei.synet.55@gmail.com

II. PERSONAL INFORMATION:
Last name:
NISHIKAWA
First name:
KEI
Middle name:

Other name/Alias:

Date of Birth *(e.g. 01 JAN 1990)*:
26 - Mar - 1967
DD   MMM   YYYY

Sex:
[✓] M   [ ] F

Birthplace:
Japan

Country of Citizenship:
Japan

Height *(cm)*: 170   Weight *(kg)*: 78

Civil Status:
[✓] Single   [ ] Married   [ ] Annulled
[ ] Separated [ ] Widowed   [ ] Divorced

Residential Address in the Philippines:
House/Unit No., Street, Subdivision/Village:
U17-16 Avida Towers Riala 3, IT Park

Barangay:	City/Municipality:	Province:	Zip Code:
APAS	Cebu City	Visayas	6000

III. TRAVEL INFORMATION:
Passport/Travel Document No.:
TT6701095

Date of Validity *(e.g. 01 JAN 1990)*:
05 - Aug - 2034
DD   MMM   YYYY

Date of Latest Arrival *(e.g. 01 JAN 1990)*:
___ - ___ - ___
DD   MMM   YYYY

Flight/Voyage Number:

IV. LATEST TOURIST VISA EXTESION:
Date of Validity *(e.g. 01 JAN 1990)*:
___ - ___ - ___
DD   MMM   YYYY

Place of Approval *(e.g. BI Main Office)*:
_____
Name of BI office

V. ACR I-CARD
Alien Certificate Registration (ACR) Number

Date of Validity *(e.g. 01 JAN 1990)*:
___ - ___ - ___

Special Security Registration Number (SSRN)

_____
Applicant/Representative's Signature over printed name

_____
Date (DD/MMM/YYYY)

IRD04.QF.004 Rev. Lev. 4 Effective 07 AUG 2024