

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

| Method of Application: 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: □ Authorized Representative (Last name, First name, Middle name) KEI NISHIKAWA BI Accreditation Number (if applicable) □ L. APPLICATION INFORMATION: (please check) Mode of Application: □ Regular □ Express Number of Months Requested: □ One (1) month □ Two (2) 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. | | | | | |
| visits. No work or business in the Philippines. | | | | | |
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| | | | | | |
| | | Name and sign | eture of evaluator/ access | | |
| Contact Information: | | Name and sign | ature of evaluator/ assess | or: | |
| Mobile No. (in the Philippines): | | E-mail address: | | | |
| +63 952-479-6208 | | kei | .synet.55@gm | ail.com | |
| II. PERSONAL INFORMATION: | | <u> </u> | | | |
| Last name: | | | | | |
| NISHIKAWA First name: | | | | | |
| KEI | | | | | |
| Middle name: | | | | | |
| Other name/Alias: | | | | | |
| Other Harriey Alias. | | | | | |
| Date of Birth (e.g. 01 JAN 1990): | Sex: | | Birthplace: | | |
| 26 - Mar - 1967 | | F | Japan | | |
| Country of Citizenship: | Height (cm): | Weight (kg): | Civil Status: | ☐ Married | ☐ Annulled |
| Japan | | 78 | ☐ Separated | | ☐ Divorced |
| Residential Address in the Philippi House/Unit No., Street, Subdivision/Vil | | | | | |
| U17-16 Avida Towers Riala | _ | | | | |
| Barangay: City/Mu | nicipality: | | ovince: | Zip Code: | |
| | u City | \ | 'isayas | 6000 | |
| III. TRAVEL INFORMATION: Passport/Travel Document No.: | | Da | te of Validity (e.g. 01 | JAN 1990): | |
| TT6701095 | | 05 | - Aug - | 2034 | |
| Date of Latest Arrival (e.g. 01 JAN 1990) | • | <i>DD</i> Fli | MMM ght/Voyage Number: | YYYY | |
| | | | ,,,g | | |
| DD MMM YYYYY IV. LATEST TOURIST VISA EXTESION: | | | | | |
| Date of Validity (e.g. 01 JAN 1990): | | Pla | ace of Approval (e.g. I | BI Main Office): | |
| DD MMM YYYY | - MMM YYYY Name of BI office | | | | |
| V. ACR I-CARD | | | | | |
| Alien Certificate Registration (ACR) Number | Date of Validity (e.g. 0 | 01 JAN 1990): - | Special Securit | y Registration Number (| (SSRN) |
| By signing this application/form, I hereby certify that: 1. I have read and understood the questions in the 2. All documents submitted were legally obtained fr 3. I understand that any false or misleading statem i. Result in the summary denial of my applicat ii. Subject me to criminal prosecution and/or of iii. Subject my representative to criminal prose I, of my personal information only in relation to BI prol among, as applicable, the latter's representative, pet consistent with provisions of Republic Act 10173 or the law: Provided, that there are adequate safeguards for | om and authenticated by apprint made, or falsified documer ion, if applicable, leportation, or ecution and/or administrative; y or through my agent/repressocols; (2) The collection, use titioner, and any related entity. Data Privacy Act of 2012 and | ropriate government nt submitted by me of proceeding. entative or, and transfer, in ele or for the exclusive pound its Implementing R | agency/ies or private entities; ir my representative may: , voluntarily and ctronic or other forms, of my urpose of filing, processing, a ules and Regulations (IRR); (2 | and I freely consent to: (1) The personal data, as describe and implementing the subm 3) Data Sharing when it is e. | ed in the form by and nitted application/form xpressly authorized by |