



BI FORM CGAF-002-Rev 3
CONSOLIDATED GENERAL APPLICATION FORM
FOR NON-IMMIGRANT VISA, SPECIAL WORK PERMIT AND
PROVISIONAL WORK PERMIT [EXCEPT STUDENT VISA AND SSP]

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I. APPLICATION INFORMATION

Present Immigration Status

Nature of Application
☐ Conversion ☐ Extension ☐ Inclusion ☐ Permit

Type of Visa/Permit Application

Number of Months/Years Applied For
☐ 3 Months ☐ 1 Year ☐ 2 Years ☐ 3 Years

Method of Application
☐ Personal ☐ Authorized Representative

BI Accreditation Number

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

Position in the Company/Institution

II. APPLICANT'S TRAVEL INFORMATION

Passport Number

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

Place of Issuance

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

Flight Number

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

Other Name(s)/Alias(es)

1

2

Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990] Gender Country of Birth

Citizenship/Nationality

Height [cm] Weight [kg]

Profession/Occupation

Contact Number(s) in the Philippines

Landline

Mobile

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, 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 BI Form 2014-00-005 Rev 0

Civil Status

Single Married Annulled

Separated Widowed Divorced

Email Address

Residential Address Abroad

House/Unit No., Street, Subdivision/Village

City, State

Country, Zip Code

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

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

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Character References in the Philippines

Last Name, First/Given Name, Middle Name

1

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

Last Name, First/Given Name, Middle Name

2

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

IV. PETITIONER'S INFORMATION

Name of Institution

Registration Number

Nature of Institution

☐ Commercial

☐ Religious

☐ Others [Please specify] _____

Registered Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

V. APPLICANT'S OTHER INFORMATION

Position in the Organization

Alien Employment Permit (AEP) Number

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

VI. 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)

Contact Number(s) in the Philippines

Landline

Mobile

Contact Number(s) in the Philippines

Landline

Mobile

Contact Number(s) in the Philippines

Landline

Mobile

Expiration of Contract [DD-MMM-YYYY e.g. 01 JAN 1990]

Actual Monthly Gross Salary in Philippine Currency

DO NOT FILL OUT THIS PORTION

Application Number

Received/Recommended by: _____

Reviewed by: _____

Approved by: _____

CERTIFICATION

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.

Date [DD-MMM-YYYY
e.g. 01 JAN 1990]

Petitioner's Signature over Printed Name

Applicant's Signature over Printed Name

Name of Representative _____
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 FF:

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: _____ Claimant: _____
Signature over PRINTED NAME Signature

[Please call (+632) 525-7557 to check the status of your application]