



**BI FORM NO. TVS-CGAF-VE-2016
CONSOLIDATED GENERAL APPLICATION FORM
FOR TOURIST VISA EXTENSION**



Method of Application

Personal Authorized Representative

I. APPLICATION INFORMATION

Number of Months Requested

Reason

Pleasure With Valid Special Study Permit
 Health With Valid Special Study Permit
 Business With Valid Provisional Work Permit
 Others, please specify: _____ With Valid Limited Work Permit

Accreditation Number

Name of Authorized Representative (Last Name, Given Name, Middle Name)

II. PERSONAL INFORMATION

Last Name, Given Name, Middle Name, Other name/ ALIAS

Citizenship / Nationality

Country of Birth

Date of Birth (DD-MMM-YYYY e.g. 01-JAN-1990)

Gender

Male Female

Civil Status

Single Separated Annuled Height cm
 Married Widowed Divorced Weight kg

Residential Address in the Philippines

Number & Street Subdivision / Village

Barangay, Municipality, City

Province, Zip Code

Mobile Number

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.

Applicant's Signature over Printed Name

Date