



BI FORM NO.IRD04.QF.001 Rev 02
 CONSOLIDATED GENERAL APPLICATION FORM
 FOR TOURIST VISA EXTENSION

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I. APPLICATION INFORMATION

Number of Months Requested

Reason:

- Pleasure
- Health
- Business
- Others,
- With Valid Special Study Permit
- With Valid Special Work Permit
- With Valid Provisional Work Permit
- With Valid Limited Work Permit

Please specify: _____

Method of Application:

- Personal
- Authorized Representative

Accreditation Number

Name of Authorized Representative

(Last Name, Given Name, MI)

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:

M F

Civil Status:

- Single
- Separated
- Annulled
- Married
- Widowed
- Divorced
- Height cm
- Weight kg

Residential Address in the Philippines

Number of Street

Subdivision/ Village

Barangay, Municipality, City

Province, Zip Code

Mobile Number

TRAVEL INFORMATION:

TRAVEL DOCUMENT/PASSPORT NUMBER: VALID UNTIL (DD-MMM-YYYY e.g. 01 JAN 1990):

- -

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

- -

LATEST TOURIST VISA EXTENSION:

Valid Until (DD-MMM-YYYY e.g. 01 JAN 1990):

- -

III. MODE OF TRANSACTION

- Express Lane
- Regular Lane

IV. UNDERTAKING

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; (4) I/We have not filed this or any similar application before any office of the Bureau; and I agree to the type of transaction chosen.

Applicant's Signature over Printed Name

Date