



**CONTROL NO:**  
**APPLICATION NO:**

TRANSACTION/S

ACR I-Card Renewal

☐ ACR I-Card Renewal

☐ Re-registration (14 yrs. old)

☐ Change of Visa Status

ACR I-Card Re-issuance

☐ Lost Card

☐ Damaged Card

☐ Amendments (Name/Nationality/Civil Status/Address/\*Others)

OTHERS:

☐ RP/SRC Issuance/Extension/Re-issuance

☐ Annual Report with Fine

☐ Expired ACR I-Card

☐ ACR Replacement

☐ Rejected Card

☐ To effect new card validity

## CHANGE OF ADDRESS:

<p>New Address:</p> <hr/> <hr/> <hr/>
<p>Remarks:</p> <hr/> <hr/> <hr/>

**DEROGATORY RECORD**

☐ NO DERO
☐ W/ DERO

Checked by : \_\_\_\_\_

Date : \_\_\_\_\_

**RECOMMENDING**

☐ APPROVAL
☐ DENIAL

Remarks: \_\_\_\_\_

Registration Officer \_\_\_\_\_ Date \_\_\_\_\_

**REVIEWED BY:**

Reviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED BY:**

COMM/ARD CHIEF \_\_\_\_\_ Date \_\_\_\_\_

ARE YOU PLANNING TO LEAVE THE COUNTRY WITHIN THIRTY (30) DAYS UPON ISSUANCE OF ACR I-CARD? ☐ YES ☐ NO

ACR Number	Certificate of Residence Number	Visa Status
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Valid Authorized Stay [DD-MMM-YYYY e.g. 01 JAN 1990]
<input type="text"/>		<input type="text"/>
First/Given Name		Age
<input type="text"/>		<input type="text"/>
Middle Name		Gender
<input type="text"/>		<input type="text"/> Male <input type="text"/> Female
		Height [cm]
		<input type="text"/>
		Weight [Kg]
		<input type="text"/>
Date of Birth [DD-MMM-YYYY e.g. 01 JAN 1990]	Civil Status	
<input type="text"/>	<input type="text"/> Single <input type="text"/> Married <input type="text"/> Annulled	<input type="text"/> Separated <input type="text"/> Widowed <input type="text"/> Separated
Passport Number	Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	Expiry Date/ Valid [DD-MMM-YYYY e.g. 01 JAN 1990]
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship/Nationality	Landline Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

## Residential Address in the Philippines

[illegible]

**If applicant is married, indicate the name and citizenship/nationality of spouse:**

[illegible]

I hereby swear/affirm that the information provided herein are true and correct to the best of my knowledge and belief. I voluntarily submitted authenticated/original documents/card to further verify my application and that any misrepresentation, omission or falsification of facts may justify denial and cancellation of my application. Further, I have no pending application not given due course in other immigration office.

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

Applicant's Signature over Printed Name

**APPLICANT'S ACR I-CARD CLAIM STUB**

Applicant's Name [Last Name, First/Given Name, Middle Name (Please leave a box after each name)]

[illegible]

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



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: \_\_\_\_\_

Signature over PRINTED NAME

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

Claimant: \_\_\_\_\_

Signature