

BI FORM CGAF-001-Rev 2 CONSOLIDATED GENERAL APPLICATION FORM FOR IMMIGRANT VISA

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

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

Contact Number(s) in the Philippines

Landline

Mobile

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

Contact Number(s) in the Philippines

Landline

Mobile

IV. PETITIONER'S INFORMATION

Last Name

First/Given Name

Middle Name

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

Barangay, Municipality/City

Province, Zip Code

Contact Number(s) in the Philippines

Landline

Mobile

V. ACR I-Card

Alien Certificate of Registration (ACR) Number

Date of Issuance [DD-MMM-YYYYe.g. 01 JAN 1990]

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

Certificate of Residence Number (CRN)

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: _____ Signature over PRINTED NAME
Claimant: _____ Signature

[Please call (+632) 525-7557 to check the status of your application] Page 2 of 2