



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

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I. APPLICATION INFORMATION

Present Immigration Status

Nature of Application

Conversion Amendment Inclusion

Type of Visa Application

Method of Application

Personal Authorized Representative

BI Accreditation Number

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

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

M F

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]

Civil Status

Single Married Annulled

Separated Widowed Divorced

Taxpayer Identification Number (TIN)

Email Address

Residential Address Abroad

House/Unit No., Street, Subdivision/Village

City, State

Country, Zip Code

Note: If the applicant has more than two (2) children, use BI Form 2014-00-005 Rev 0.

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



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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 [Grid for character reference 1]

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

[Grid for residential address 1]

Barangay, Municipality/City

[Grid for barangay/municipality/city 1]

Province, Zip Code

[Grid for province/zip code 1]

Contact Number(s) in the Philippines

Landline

[Grid for landline 1]

Mobile

[Grid for mobile 1]

Last Name, First/Given Name, Middle Name

2 [Grid for character reference 2]

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

[Grid for residential address 2]

Barangay, Municipality/City

[Grid for barangay/municipality/city 2]

Province, Zip Code

[Grid for province/zip code 2]

Contact Number(s) in the Philippines

Landline

[Grid for landline 2]

Mobile

[Grid for mobile 2]

IV. PETITIONER'S INFORMATION

Last Name

[Grid for last name]

First/Given Name

[Grid for first/given name]

Middle Name

[Grid for middle name]

Residential Address in the Philippines

House/Unit No., Street, Subdivision/Village

[Grid for residential address 3]

Barangay, Municipality/City

[Grid for barangay/municipality/city 3]

Province, Zip Code

[Grid for province/zip code 3]

Contact Number(s) in the Philippines

Landline

[Grid for landline 3]

Mobile

[Grid for mobile 3]

V. ACR I-Card

Alien Certificate of Registration (ACR) Number

[Grid for ACR number]

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

[Grid for date of issuance]

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

[Grid for expiry date/valid until]

Certificate of Residence Number (CRN)

[Grid for CRN]

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Application Number

[Grid for 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