



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF JUSTICE
BUREAU OF IMMIGRATION
MAGALLANES DRIVE, INTRAMUROS
1002 MANILA



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**CONSOLIDATED GENERAL APPLICATION FORM (CGAF)
FOR EXTENSION OF STAY OF TEMPORARY VISITOR'S VISA**

If the applicant overstayed for six (6) months or more than the allowable stay, kindly attach a colored photograph with white background using permanent glue in the photograph box. The photo size should be 2x2 inches and must be in standard close-up full-face photo, taken within the past three (3) months. Computer generated or photocopied picture is not acceptable.

Method of Application:

☐ Personal ☒ Authorized Representative

Name of Authorized Representative (Last name, First name, Middle name)

BI Accreditation Number (if applicable)

I. APPLICATION INFORMATION: (please check)

Mode of Application:

☐ Regular ☐ Express

Number of Months Requested:

☐ One (1) month ☐ Two (2) months ☐ Six (6) months

State your reason for extension of stay including reason for overstaying, if applicable:

STUDY

Name and signature of evaluator/ assessor:

Contact Information:

Mobile No. (in the Philippines):

E-mail address:

cipenglish.hr@gmail.com

II. PERSONAL INFORMATION:

Last name:

First name:

Middle name:

Other name/alias:

Date of Birth (e.g. 01 JAN 1990):

DD - MM - YYYY

Sex:

☐ M ☐ F

Birthplace:

Country of Citizenship:

Height (cm):

Weight (kg):

Civil Status:

☐ Single

☐ Married

☐ Separated

☐ Widowed

☐ Annulled

☐ Divorced

Residential Address in the Philippines:

House/Unit No., Street, Subdivision/Village:

LOT 18 - 19 BLOCK 37 CAMIA ROAD

Barangay:

City/Municipality:

Province:

Zip Code:

CUTCUT

ANGELES CITY

PAMPANGA

2009

III. TRAVEL INFORMATION:

Passport/Travel Document No.:

Date of Validity (e.g. 01 JAN 1990):

DD - MM - YYYY

Date of Latest Arrival (e.g. 01 JAN 1990):

DD - MM - YYYY

Flight/Voyage Number:

IV. LATEST TOURIST VISA EXTENSION:

Date of Validity (e.g. 01 JAN 1990):

DD - MM - YYYY

Place of Approval (e.g. BI Main Office):

V. ACR I-CARD

Alien Certificate Registration (ACR) Number

Date of Validity (e.g. 01 JAN 1990):

Special Security Registration Number (SSRN)

By signing this application form, I hereby certify that:

- I have read and understood the questions in the application form and that my answers are true and correct to the best of my knowledge;
- All documents submitted were legally obtained from and authenticated by appropriate government agency/ies or private entity/ies; and
- I understand that any false or misleading statement made, or falsified document submitted by me or my representative may:

i. Result in the summary denial of my application, if applicable;

ii. Subject me to criminal prosecution and/or deportation, or

iii. Subject my representative to criminal prosecution and/or administrative proceeding

I, _____, personally or through my agent/representative

voluntarily and freely consent to: (1) The collection and sharing of my personal information only in relation to BI protocols; (2) The collection, use, and transfer, in electronic or other forms, of my personal data, as described in the form by and among, as applicable, the latter's representative, petitioners, and any related entity for the exclusive purpose of filing, processing, and implementing the submitted application form consistent with provisions of Republic Act 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR); (3) Data Sharing when it is expressly authorized by law; Provided, that there are adequate safeguards for data privacy and security, and processing which adheres to the principle of transparency, legitimate purpose, and proportionality.

Applicant/Representative's Signature over printed name

Date (DD/MM/YYYY)

IRD04.QF.004 Rev. Lev. 4 Effective 07 AUG 2024