

Department of Justice

BUREAU OF IMMIGRATION

Magallanes Drive, Intramuros Manila 1002

Consolidated General Application Form for STUDENT'S VISA AND SPECIAL STUDY PERMIT

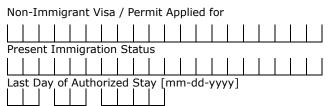
(BI FORM RADJR-2012-03)

I. APPLICATION INFORMATION

Nature of	Application
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Conversion Extension Permit

Type of Visa Application



Method of Application

Personal Authorized Representative	
Accreditation Number	
Name of Authorized Representative	
Last Name	

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Name of Applicant

Las	Last Name																
First Name / Given Name																	
Mic	Middle Name																
Oth	Other Name / Aliases																

Date of Birth [mm-dd-yyyy]	Gender
Country of Birth	
Citizenship / Nationality	
Civil Status	Height (cm)
	Weight (kg)

Attach your 2" x2" colored photograph using permanent glue in the photograph box.

The photograph must have been taken not more than three (3) months from the date of this application. Scanned photographs are not allowed.

Spouse / Wife / Husband

_ast Name	
First Name / Given Name	
Middle Name	_
Other Name / Alias	_

o of Children and Date of Birth

Name of Children and Date of Birth
Name (use additional sheet if necessary)
Date of Birth [mm-dd-yyyy]
Name
Date of Birth [mm-dd-yyyy]
Residential Address in the Philippines
No. Street, Subdivision, Brgy. Municipality/ City, Country, Zip Code
Contact Number
Address Abroad
No. Street, Subdivision, Brgy. Municipality/ City, Country, Zip Code
III. APPLICANT'S TRAVEL INFORMATION
Passport Number
Place of Issue
Expiry Date / Valid Until Date of Last Arrival [mm-dd-yyyy]
Flight Number



APPLICANT'S ACR I-CARD CLAIM STUB

Applicant's Name: ACR Number

IV. SCHOOL'S INFORMATION

Nar	ne	of	Scł	100	I							

Registered Address of School

No. Street, Subdivision, Brgy. Municipality/ City, Province, Zip code	כ
Contact Number	
Name of School Representative	
	l
Course / Degree	
School Year]

V. GUARDIAN

Las	t N	am	e											
Firs	st N	larr	ne /	Gi	ver	n Na	am	е						
Mid	ldle	e Na	ame	9										
								1	1	1		1		
Rel	atio	ons	hip											

Registered Address of Guardian No. Street, Subdivision, Brgy. Municipality/ City, Province, Zip code

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											-	_			
Coi	ct N	lun	nbe	r											

VI. ACR I-CARD

ACR Number
Issue Date [mm-dd-yyyy]
Valid Until [mm-dd-yyyy]
Certificate of Residence Number
DO NOT FILL UP THIS PORTION
Application Number
Received / Recommended by:
Reviewed by:
Approved by:

CERTIFICATION I hereby CERTIFY under oath that all the information in this application form consisting of two (2) pages, including the page on which this certification is written, are true and correct base on my own personal knowledge and on authentic documents in my possession. I furthermore warrant that I have complied with all the requirements of the Bereau of Immigration with respect to this application and that I submitted duly certified copies / authenticated documents issued under the official seal of the officer having legal custody of their originals in the Philippines and foreign documents with their official English translation, duly authenticated by the consul / embassy official in the consular office of the Philippines in the foreign country where such documents were issued. I understand that my application can be summarily denied by the Bureau if it finds any statement herein to be false, if any document are found to have been falsified, or if I fail to comply with all the requirements with respect to my application / petition without prejudice to whatever action the Bureau of Immigration shall take in accordance with applicable laws of the Republic of the Philippines. Date:

	Petitioner Signature over printe	Applicant d Name Signature over printed Name
Republic of the Philippines) City / Municipality of	_) s.s	a name over prined name
Subscribe and sworn to before n Passport number	ne thisdayissued at	affiant exhibitng his/her CTC,ACR, on
Doc. No Book No.	1	
Page No. Series of.		Notary Public / Administering Office
Name of Authorized Representa	tive	ACR I-CARD WILL BE ONLY RELEASED UPON COMPLIANCE / SUBMISSION OF THE FF.
Accreditation Travel Agency / La	w Office	 If applicant is a minor, either parent may claim ACR I-card and present identification. If by a travel agent or law firm, submit photocopy of the
BI Accreditation Number		BI-Accreditation ID card. 3. If claimed by other person, ust present special power of
Contact Number		attorney (SPA). 4. Attach photocopy of passport bio page of the ACR icard
Contact Address		holder.
Signature		Subject: Claimant: printed name over signature printed name over signature

[Piease call 527-7557 to check the status o your application]