



Department of Justice
BUREAU OF IMMIGRATION
 Magallanes Drive, Intramuros
 Manila 1002

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.

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

(BI FORM RADJR-2012-03)

I. APPLICATION INFORMATION

Nature of Application

Conversion Extension Permit

Type of Visa Application

Non-Immigrant Visa / Permit Applied for

 Present Immigration Status

 Last Day of Authorized Stay [mm-dd-yyyy]

Method of Application

Personal Authorized Representative

Accreditation Number

Name of Authorized Representative

Last Name

 Given Name

II. APPLICANT'S PERSONAL INFORMATION

Name of Applicant
 Last Name

 First Name / Given Name

 Middle Name

 Other Name / Aliases

Date of Birth [mm-dd-yyyy] _____ Gender _____
 Country of Birth

 Citizenship / Nationality

 Civil Status _____ Height (cm) _____
 Weight (kg) _____

Spouse / Wife / Husband

Last Name

 First Name / Given Name

 Middle Name

 Other Name / Alias

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

 Contact Number

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

Name of School

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

Contact Number

 Name of School Representative

 Course / Degree

School Year

V. GUARDIAN

Last Name

 First Name / Given Name

 Middle Name

 Relationship

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

Contact Number

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 Bureau 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 printed Name
 Republic of the Philippines)
 City / Municipality of _____) S.S

 Applicant
 Signature over printed Name

Subscribe and sworn to before me this _____ day _____, affiant exhibiting his/her CTC,ACR,
 Passport number _____ issued at _____ on _____

Doc. No. _____
 Book No. _____
 Page No. _____
 Series of _____

Notary Public / Administering Office

 Name of Authorized Representative
 Accreditation Travel Agency / Law Office
 BI Accreditation Number
 Contact Number
 Contact Address
 Signature

ACR I-CARD WILL BE ONLY RELEASED UPON COMPLIANCE / SUBMISSION OF THE FF.

1. If applicant is a minor, either parent may claim ACR I-card and present identification.
2. If by a travel agent or law firm, submit photocopy of the BI-Accreditation ID card.
3. If claimed by other person, ust present special power of attorney (SPA).
4. Attach photocopy of passport bio page of the ACR Icard holder.

Subject: _____ Claimant: _____
 printed name over signature printed name over signature

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