



BI FORM NO. COM08.QF.001
CONSOLIDATED GENERAL APPLICATION FORM
FOR TOURIST VISA EXTENSION

This document may be reproduced and is NOT FOR SALE

Method of Application

I. APPLICATION INFORMATION

Number of Months Requested

Reason

Pleasure

Health

Business

Others, please specify:

With Valid Special Study Permit

With Valid Special Study Permit

With Valid Provisional Work Permit

With Valid Limited Work Permit

Personal

Authorized Representative

Accreditation Number

Name of Authorized Representative (Last Name,

II. PERSONAL INFORMATION

Last Name, Given Name, Middle Name, Other name/ ALIAS

Citizenship / Nationality

Country of Birth

Date of Birth (DD-MMM-YYYY e.g. 01-JAN-1990)

Gender

Male Female

Civil Status

Single

Separated

Annulled

Married

Widowed

Divorced

Height cm

Weight kg

Residential Address in the Philippines

Number & Street

Subdivision / Village

Barangay, Municipality, City

Province, Zip Code

Mobile Number

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; (4) I/We have not filed this or any similar application before any office of the Bureau; and I agree to the type of transaction chosen.

COM08.QF.001 effective 20 July 2018



BI FORM NO. COM08.QF.001
CONSOLIDATED GENERAL APPLICATION FORM
FOR TOURIST VISA EXTENSION

This document may be reproduced and is NOT FOR SALE

Method of Application

I. APPLICATION INFORMATION

Number of Months Requested

Reason

Pleasure

Health

Business

Others, please specify:

With Valid Special Study Permit

With Valid Special Study Permit

With Valid Provisional Work Permit

With Valid Limited Work Permit

Personal

Authorized Representative

Accreditation Number

Name of Authorized Representative (Last Name,

II. PERSONAL INFORMATION

Last Name, Given Name, Middle Name, Other name/ ALIAS

Citizenship / Nationality

Country of Birth

Date of Birth (DD-MMM-YYYY e.g. 01-JAN-1990)

Gender

Male Female

Civil Status

Single

Separated

Annulled

Married

Widowed

Divorced

Height cm

Weight kg

Residential Address in the Philippines

Number & Street

Subdivision / Village

Barangay, Municipality, City

Province, Zip Code

Mobile Number

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; (4) I/We have not filed this or any similar application before any office of the Bureau; and I agree to the type of transaction chosen.

COM08.QF.001 effective 20 July 2018