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

Attach your 2" x 2" colored photograph with white background using permanent glue in the photograph box.

The photograph must be taken within the last six (6) months to reflect your current appearance.

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)

Residential Address in the Philippines
No. Street, Subdivision, Brgy. Municipality/ City, Province, Zip Code

Address Abroad
No. Street, Subdivision, Village, City, State, Country, Zip Code

Contact Number

Email Address

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]

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: _____ Visa Type: _____

[IF ACR I-CARD IS CLAIMED BY OTHER PERSON, PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS]

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's 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: (1) All the information in the foregoing application is truthful, complete and correct; (2) I submitted authentic documents.

I understand that my application can be summarily denied by the Bureau if: (1) It finds any statement herein to be false; (2) Any document submitted are found to have been falsified or; (3) 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

_____
Applicant
Signature over Printed Name

Republic of the Philippines)
City/ Municipality of_____) S.S.

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 Officer

_____
Name of Authorized Representative

_____
Accreditation Travel Agency / Law Office

_____
BI Accreditation Number

_____
Contact Number

_____
Contact Address

_____
Signature

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

1. If applicant is a minor, either parent may claim the ACR I-card. Parent must present ID card.
2. If claimed by a travel agent or law firm, submit photocopy of the BI-Accreditation ID card.
3. If claimed by other person, he/she must present Special Power of Attorney (SPA).
4. Attach photocopy of passport bio page of the ACR I-card holder.

Subject: _____ Claimant: _____
printed name over signature

[Please call 525-7557 to check the status of your application]