BI FORM NO. TVS-CGAF-VE-2016
CONSOLIDATED GENERAL APPLICATION FORM
FOR TOURIST VISA EXTENSION

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Method of Application

- Personal
- Authorized Representative

I. APPLICATION INFORMATION
Number of Months Requested

Reason
- Pleasure
- Health
- Business
- Others, please specify: _______

Accreditation Number

Name of Authorized Representative (Last Name, Given Name, Middle Name)

II. PERSONAL INFORMATION
Last Name, Given Name, Middle Name, Other name/ ALIAS

Citizenship / Nationality

Country of Birth

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

Gender
- Male
- Female

Civil Status
- Single
- Separated
- Annuled
- Married
- Widowed
- Divorced

Height cm

Weight kg

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

_________________________   _____________
Applicant’s Signature over Printed Name                            Date