

.

BI FORM 2014-13-009 Rev 0 This document may be reproduced and is NOT FOR SALE **APPLICATION FORM FOR REQUEST FOR NICA CLEARANCE**

	REMINDERS:				
Attach your 2x2 colored photograph with white background	1. Accomplish this form in two (2) copies and attach a photocopy of the subject's passport				
using permanent glue in the	bio-page (with English translation if written in other foreign language) and latest departure and				
photograph box.	arrival stamps. 2. If the application is filed by an authorized representative, attach a photocopy of the Bureau of				
The photograph must be taken	Immigration (BI) Accreditation Identification (ID) Certificate or an original Special Power of				
within the last three (3) months	Attorney (SPA) for EACH applicant with a photocopy of a valid government-issued ID of				
from the date of application.	attorney-in-fact.				
A scanned photograph is not allowed. A photograph of the	PURPOSE OF FILING:				
applicant wearing eyewear (i.e.	Quota	Student Visa	Special Study Permit (SSP)		
sunglasses, colored contact lenses,					
etc.) or headwear is not acceptable.	SVEG CBM	Immigrant Visa	Others:		
L SUBJECT'S PERSONAL INFORMATION					
Last Name					
First/Given Name					
Middle Name					
Other Name(s)/Alias(es)					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2					
Date of Birth [DD-MMM-YYYY e.g. 01 JAN		Height [cm]	Weight [kg]		
	M				
Place of Birth					
Citizenship/Nationality					
Residential/Registered Address in the House/Unit No., Street, Subdivision/Village	e Philippines	Residential Address Abroad House/Unit No., Street, Subdivis			
Barangay, Municipality/City		City, State			
Province, Zip Code		Country, Zip Code			
Contact Number(s) in the Philippines					
Landline		Mobile			
Passport Number		Date of Latest Arrival [DD-MM	IM-YYYY e.g. 01 JAN 1990]		
Date of Issuance [DD-MMM-YYYY e.g. 01	JAN 1990]	Present Immigration Status	<u></u>		
Expiry Date/Valid Until [DD-MMM-YYYY e.	g. 01 JAN 1990]	Length of stay			
		Days			
Place of Issuance		<u> </u>			
Name of Spouse [Last Name, First/Give	n Name, Middle Name]				
Other Name(s)/Alias(es)					
1					
2					
Name(s) of Child(ren) [Last Name, Firs	t/Given Name, Middle Name]				
1					
2					
[To be filled out by Authorized B	I Personnel Only]				
A CE INACIA	_		Purpose of Filing		
🔋 📷 👔 👔 REQUEST FOR NIC	A CLEARANCE				
			CBM Immigrant Visa		
Name of SUBJECT[Last Name, First/G	iven Name, Middle Name]		Quota Student Visa		
			Special Study Permit		
			Others:		
Date of Birth [DD-MMM-YYYY e.g. 01	1AN 19901		4		
Citizenship/Nationality					
Always present this claim stub upon claiming your certificate.					
 Unclaimed certificate shall be automatica If claimed by an authorized representation 			Date & Time FILED		
I claimed by an authorized representative, present a Special Power of Attorney (SPA) and original value					
government-issued ID card.					

٦

BI FORM 2014-13-009 Rev 0

This document may be reproduced and is NOT FOR SALE APPLICATION FOR REQUEST FOR NICA CLEARANCE

Occupation

Present Occupation	Previous Occupation
Present Employer	Previous Employer
Present Business Address	Previous Business Address
Room No., Floor No., Building, Street	Room No., Floor No., Building, Street
Barangay, Municipality/City	Barangay, Municipality/City
Province, Zip Code	Province, Zip Code

Within the last five (5) years, have you ever been affiliated with or active in (member of, official of, worker of) any organization devoted in whole or in part to influencing or furthering in the Philippines the political activities, public relations or public policy of any government? If yes, name at least two (2) organizations with your corresponding positions held, if applicable. 1 Organization

Position Held		
2. Organization		
Position Held		

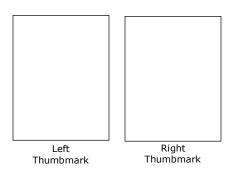
Have you ever been convicted for violating any law, decree ordinance or regulations by any court or tribunal?

Yes No

If yes, give particulars:

Name of nearest relative to be notified in case of emergency:	
Last Name, First/Given Name, Middle Name	
Residential Address in the Philippines	Contact Number(s) in the Philippines
House/Unit No., Street, Subdivision/Village	Landline
Barangay, Municipality/City	Mobile
Province, Zip Code	

AFFIDAVIT FOR PERSON 14 YEARS OF AGE OR OLDER



I have read or have had read to me the above statements and do hereby swear that these statements are true and complete to the best of my knowledge and belief:

	Signature over Printed Name
Certificati	on and Clearance Section (CCS) Window
RECEIVED: _	Date & Time
RELEASED:	Date & Time