



**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  With Valid Special Study Permit  
 Health  With Valid Special Study Permit  
 Business  With Valid Provisional Work Permit  
 Others, please specify: \_\_\_\_\_  With Valid Limited Work Permit

**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-MMM-YYYY e.g. 01-JAN-1990)

Gender

Male  Female

Civil Status

Single  Separated  Annuled  
 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; 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