

BI FORM CGAF-001-Rev 2 This document may be reproduced and is **NOT FOR SALE CONSOLIDATED GENERAL APPLICATION FORM** FOR IMMIGRANT VISA

| Numer of Application | Present Immigration Status | | | | | | | | | | | | | | |
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Note: If the applicant has more than two (2) children, use BI Form 2014-00-005 Rev 0.

APPLICANT'S ACR I-CARD CLAIM STUB

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BI FORM CGAF-001-Rev 2 CONSOLIDATED GENERAL APPLICATION FORM FOR IMMIGRANT VISA

[IF THE ACR I-CARD IS CLAIMED BY AN AUTHORIZED REPRESENTATIVE, PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.]

| | Character References in the Philippines .ast Name, First/Given Name, Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact Nu | Contact Number(s) in the Philippines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| V. ACR I-C | | of Do | | | ~ () | | \ NI | | how | | | | | | | | | | | _ | | | _ | | | | | | | | | | | | | | |
| Alien Certifi | Cate | | gisti | | n (/ | | .) IN | um | ber | | | | | | | | | | | | | | | 0 | 101 | F FI | LL | ου | тт | HI | S P | OR | TIC | DN | | | |
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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.

| Date [DD-MMM-YYYY e.g. 01 JAN 1990] | Petitioner's Signature ove | Printed Name A | Applicant's Signature over Printed Name | | | | | | |
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| | | I-CARD WILL ONLY BE RELEASED U | JPON COMPLIANCE/SUBMISSION OF THE | IE FF: | | | | | |
| Name of Representative | 111100 | ocopy of passport bio-page of the ACR | | | | | | | |
| Accredited Travel Agency/Law Office _ | | ID of either parent claiming the ACR I copy of the BI-Accreditation ID card, it | | | | | | | |
| BI Accreditation No | 4.Speci | al Power of Attorney (SPA), if claimed | d by an authorized representative other tha | | | | | | |
| Contact No | pare | nt or BI accredited entity | | | | | | | |
| Residential /Office Address | ACR I-C | Card Holder: | | | | | | | |
| Signature | | Signature over PRINTED NA [Please call (+632) 525-7557 to | NAME Signature 57 to check the status of your application]Page 2 | | | | | | |