

Republic of the Philippines
Department of Justice
BUREAU OF IMMIGRATION
Manila

APPLICATION FOR EXTENSION OF STAY

Warning and directions:

1. Indicate "N/A" if not applicable. Do not leave any space blank. Print all information.
2. Application form not properly accomplished will be summarily denied.
3. Giving of false information by applicant/representative is a basis for summary denial of application.
4. Only Accredited Representatives with the Bureau are allowed to represent applicants.
5. Use and attach separate sheet to state name and age of any dependents included in the passport.

NAME: (surname) _____ (given name) _____ (middle initial) _____

PASSPORT NO. _____

Issued at _____ Valid Until _____

Birthdate: _____ Age _____ Sex _____

CITIZENSHIP: _____

Reason for Requesting Extension _____

DATE OF APPLICATION: _____

Period of Extension Requested _____ months/ _____

JOB/WORK/PROFESSION: _____

EXPIRATION OF STAY: _____

DATE OF ENTRY: _____

STATUS OF ADMISSION UPON ENTRY: _____

KIND OF VISA: (Pleasure), (Business), (Health): _____

TOTAL PERIOD OF STAY: _____ Months/ _____ Days

CARRIER & FLIGHT NUMBER: _____

(Do not fill in blanks, for B. I. use only)

NICA Report Here:

Passport Received by:

Signature over Printed Name _____

Date: _____

SIGNATURE OVER PRINTED NAME OF APPLICAN

Address in the Philippines

Printed Name of Guarantor

Address of Guarantor

Applicant's Authorized Representative:

Printed Name

B.I. Accreditation No. _____

(Do Not fill blanks below this line)

Recommendation to the COMMISSIONER/S

APPROVAL/DENIAL

If for approval, indicate number of months/days.

_____ Months / _____ days

(Write Number and in Words)

Indicate reason for Recommending Approval:

Indicate reason for Recommending Denial.

Certified By: _____

Chief, Deportation and Extension Section

ACTION OF THE COMMISSIONER/S:

APPROVED / DENIED

Remarks:

COMMISSIONER/S

IMPLEMENTATION INFORMATION

ASSESSMENT of Fees & Penalties when applicable

(Payments are not refundable)

Extension Fee OR# _____ Date _____

Express Fee OR# _____ Date _____