

## BI FORM 2014-08-006 Rev 0 APPLICATION FORM FOR ALIEN CERTIFICATE OF **REGISTRATION IDENTITY CARD (ACR I-CARD)**

	CONTROL NO:	APPLICATION NO:												
I. GENERAL DETAILS ACR Number	Official Receipt Number	DEROGATORY RECORD												
ACK Number	Official Receipt Number	NO DERO ₩/ DERO												
		Checked by:												
Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	Certificate of Residence Number (CRN)	Date :												
		IDENTITY VERIFIED												
Place of Issuance	_	IDENTITY VERTIFIED												
		Fingerprint Examiner Date												
II. APPLICANT'S INFORMATION		RECOMMENDING												
Name Prefix (e.g. ATTY, FR, SR)		APPROVAL DENIAL												
		Remarks:												
Last Name		Kellidiks.												
First/Given Name		Registration Officer Date												
		REVIEWED BY:												
Middle Name		REVIEWED BY:												
		Reviewing Officer Date												
Name Suffix (e.g. JR, SR, I-III)		APPROVED BY:												
ivanie Suilix (e.g. JK, SK, I-III)														
		COMM/ARD CHIEF Date												
Other Name(s)/Alias(es)														
1														
2														
Visa/Travel Information	Travel Document	: Details												
Visa Number	Passport Number													
Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	] Date of Issuance [I	DD-MMM-YYYY e.g. 01 JAN 1990]												
Name of Consulate	Expiry Date/Valid U	Jntil[DD-MMM-YYYY e.g. 01 JAN 1990]												
Admission Status of Latest Arrival	Place of Issuance													
Length of Stay	Contact Number	(s) in the Philippines												
	Landline													
Present Status	Landine													
Tresent Status	Mobile													
	Email Address													
Other Information		ess in the Philippines												
Previous ACR Number	House/Unit No., St	reet, Subdivision/Village												
Date of Issuance [DD-MMM-YYYY e.g. 01 JAN 1990]	] Barangay, City/Mu	nicipality												
Place of Issuance	Province, Zip Code													
Citizenship/Nationality														
Previous Subject of														
Personal Description	Personal Informa	ation												
Race	Blood Type Gender	_												
	Male	Female												
Height [cm] Eye Color	Civil Status													
	Single	Married Annulled												
Weight [Kg] Hair Color														
	Separated	Widowed Divorced												
Built Complexion	Place of Birth													
Distinguishing Marks	Date of Birth [DD-N	// // // // // // // // // // // // //												
	Occupation													



APPLICANT'S ACR I-CARD CLAIM STUB																												
Applicant's Nai	me [Las	st Na	me,	Firs	t/Gi	ven	Nar	ne,	Mid	ldle	Nar	ne (	Plea	ase	leav	e a	box	aft	er e	ach	naı	me)	]					
ACR Number	-															] ,	Visa	а Ту	ре									

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This document cannot bereproduced and is  ${\bf NOT\ FOR\ SALE}$ 

## APPLICATION FORM FOR ALIEN CERTIFICATE OF **REGISTRATION IDENTITY-CARD (ACR I-CARD)**

Name of Spouse [Last Name of Spouse [Last Name of Spouse ]]	ne, First	t/Giver	n Name	, Midd	lle Nai	me]		1 1																	_
Spouse's Nationality																									$\equiv$
ARE YOU PLANNING TO	O LEAVI	E THE	COUN	TRY W	VITH	(N TH	IRT	Y (30	) DA	YS U	PON	ISSU	ANG	CE O	F A	CR I	-CAF	RD?		Y	ΈS		NO	)	
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RP/SRC Type									Exp	irv D	_  ate/\	/alid \	Jntil	[DD:	-MMN	 ۱-۲۲٬	/Y e.d	] n. 01	1AN	1990	:01				
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Father's Name [Last Name	E First/C	Given I	Name I	 Middle	Name	 1								L											
Tatrer's Name [Last Name	, 11150/0	JIVEII I	ivaille, i	Hiddle	INGILIE	= ]														$\top$	Т				П
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(Signature of Witness in	case													_			(Sigr	natur	e of	App	licar	 าt)			
Applicant does not know														ті	N ·					•		,			
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are true and complete purpose in behalf of th																					pliid	atio	n ror	tnis	
(Signature of V	Witness)	)												_			(Sigr	natur	e of	Par	ent,	etc.)			-
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																									_
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														_		-	(Reg	istra	tion	Offi	cer)				_
														_			Offic	cial [	Desid	ınat	ion)				
																				,	,				
DOCUMENTS PRESENTED: (	*) Docur	ment to	be reta	ained a	nd inc	corpora	ated i	in the	recor	ds.															
1. *Old ACR No.						jçç	ued c	n					at												
2. ICR No																									_
3. CLR No																									
4. Passport/CI No.						iss	ued c	on					at												
5. CTC No						iss	ued c	on					at												_
Name of Representative Accredited Travel Agency/La BI Accreditation No	w Office					_	1. Pho 2. Va 3.Pho 4.Spe	otocop lid ID ( otocopy	y of pof eith of of the ower	oasspo ner pa ne BI- of At	ort bio arent -Accre torne	o-page claimir ditatio	of to ng th on ID	the Anne AC	CR I-C CR I-C	-Card, Card, claim	l hold if ap ed by	ler plica a tr	nt is	a mir agent	nor t or la	aw fir	N OF T		
Contact No.						-	۸ ۵ ۲		ا ما									C'	nies -	a+·					
Residential /Office Address _						_	ACK I	I-Card	Holde			over I	PRIN	TED	NAM			Cla	aimar	ιτ:		Sign	ature		
Signature						- 1			[DI		11 (	(22)		<b></b>	<b>7</b>	-11			,				-		

[Please call (+632) 525-7557 to check the status of your application]