BI Form No. RBR 98-02

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 _____