ARD Form 1

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ACR I-CARD TRANSACTION FORM

NEVERS OCTOMER SEE

INSTRUCTIONS **DEROGATORY RECORD** Completely fill-up the application form. Indicate N/A if not applicable. Write all information in CAPITAL LETTERS. 3. Attach all the necessary documents. Note: Applicable forms not properly accomplished will not be accepted / processed. TRANSACTION(S.(~) US\$ 50.00 (Peso equivalent) ACR-I Card Renewal Expired ACR-I Card Re-registration (14 yrs. old) **RECEIVED/ RECOMMENDED BY:** Change of Visa Status ACR Replacement (Alien Registration Act of 1950, as amended) ACR-I Card Re-Issuance US\$ 20.00 (Peso equivalent) Lost Card Damaged Card . Rejected Card To effect new card validity Amendments (Names/Nationality/Civil Status/Address/ *Others) **REVIEWED BY:** Previous Address: *Others, specify: RP/SRC Isuance/ Extension/ Re-Issuance APPROVED BY: Annual Report with Fine Except for LOST CARD which is subject to Express Lane fee of Php 1,000.00, Note: all other Renewal and Re-Isuance transactions shall be assessed an Express Lane fee of Php 500.00. In addition to the prescribed Immigration fees. ARE YOU PLANNING TO LEAVE THE COUNTRY WITHIN 30 DAYS UPON ISSUANCE OF ACR-I CARD? NO YES ACR No. ICR/NBCR/CRTV/CRPE/CRTT/CRTS No .: . Name Citizenship: Valid Authorized Stay (mm/dd/yyyy) : Visa Status Passport No. Date Issued: Expiry Date: Date of Birth Sex: Civil Status: Single Address Email Address: Divorced/Separated ☐ Married Contact No. I hereby swear/ affirm that the information(s) provided herein are true and correct to the best of my knowledge and belief. That I voluntarily submitted authenticated/ original document(s)/ card to further verify my application, and that any misrepresentation, omission, or falsification of facts may justify denial and cancellation of my application. Further, that I have no pending application not given due course in other immigration Applicant's Signature (Signature over printed name) NAME OF AUTHORIZED REPRESENTATIVE ACCREDITED TRAVEL AGENCY/ LAW OFFICE BI ACCREDITATION NUMBER CONTACT NUMBER/S COMPLETE ADDRESS **APPLICATION CLAIM STUB** APPLICANT'S NAME: APPLICATION NO. ACR NO. RELEASING OFFICER: DATE/TIME RELEASED: REMARKS: TO CLAIM MY ACR-I CARD ON MY BEHALF. PLEASE I HEREBY AUTHORIZE MR./MS.

REFER TO HIS/ HER IDENTIFICATION DOCUMENTS FOR VERIFICATION.