

SPECIAL RESIDENT RETIREE'S VISA APPLICATION
(Form PRA-RRSC-2013-01)

Application No. _____

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|----------------------------------------------------------------------------------------------|--|
|  | | <p>PHILIPPINE RETIREMENT AUTHORITY 29F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel No. +632-848-1412, +632-848-1418; Fax No. +632-848-1411 E-mail: inquiry@pra.gov.ph; Website: pra.gov.ph</p> | | | <p>Attach 2" x 2" colored photo taken not more than 6 months ago</p> | |
| <p>APPLICATION FORM FOR DEPENDENT RETIREE (<i>Entries must be typewritten</i>)</p> <p><input type="checkbox"/> Dependent - Spouse <input type="checkbox"/> Dependent - Child</p> | | | | | | |
| Last Name | | First Name | | Alias (AKA) | Religion | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | | Place of Birth | Nationality ID No. | | |
| Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | Height | | Weight | |
| Passport No. | Place of Issue | | Date of Issue | | Valid Until | |
| Home Country Address (<i>Please specify</i>) | | | | | | |
| Telephone No. | | Fax No. | Mobile No. | | E-mail | |
| Primary Address in the Philippines (<i>Please specify</i>) | | | | | | |
| Secondary Address in the Philippines (<i>Please specify</i>) | | | | | | |
| Telephone No. | | Fax No. | Mobile No. | | E-mail | |
| Principal Retiree Information | | Name of Principal: | | | | |
| Included in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Please provide principal's SRRV information</i>) | | | | | | |
| SRRV No. _____ Date Issued _____ | | | | | | |
| <input type="checkbox"/> SMILE <input type="checkbox"/> Classic <input type="checkbox"/> Courtesy <input type="checkbox"/> Human Touch | | | | | | |
| Family Information | | <i>For applying dependent-spouse please list name(s) of children below 21 years old; for applying dependent-child, please list name(s) of siblings.</i> | | | | |
| Name: | | Date of Birth | Age | ID No. (<i>Required</i>) | Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | | Date of Birth | Age | ID No. (<i>Required</i>) | Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|-------|---------------|-----|-------------------|----------------------------------------------------------------------------------------------|
| Name: | Date of Birth | Age | ID No. (Required) | Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | Date of Birth | Age | ID No. (Required) | Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent's Information

| | |
|------------------|------------------|
| Name of Father : | Name of Mother : |
| Age | Age |

| | | | |
|-----------------------------------------------|---------------|--------------|---------------|
| Name of Contact Person in Case of Emergency : | Contact No. : | Nationality: | Relationship: |
| | Address : | | |

| | | |
|------------------------------------|------------------------------------------|-------------------------------|
| Date of Arrival in the Philippines | Expiration Date of Tourist Visa / Others | Entry Visa to the Philippines |
|------------------------------------|------------------------------------------|-------------------------------|

Have you visited Philippines prior to this travel? Yes No

If the answer is "Yes", What kind of entry visa?

Tourist Visa Working Visa Investment Visa

Missionary Visa Student Visa Others (Please specify) _____

Last three years residence

| Period of stay (mm/yyyy - mm/yyyy) | Address |
|------------------------------------|---------|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |

| Educational Attainment | School and Location | From/To (mm/yyyy - mm/yyyy) |
|------------------------|---------------------|-----------------------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Plans /Future Activities in the Philippines <input type="checkbox"/> Tourism/Travel <input type="checkbox"/> Others (<i>Please specify</i>) _____ <input type="checkbox"/> Employment _____ <input type="checkbox"/> Investment _____ <input type="checkbox"/> Education _____ | |
| By affixing my signature, I hereby certify that the information above are true and correct and that any misrepresentation on my part will be grounds for denial of SRRV and/or revocation of my current Visa. I also commit to inform PRA in writing, of any change of information presented here: | Accredited Marketer (<i>if any</i>): Registered Name of Marketer: PRA Accreditation No: Telephone No: |
| Signature of Applicant: _____ | |
| Date Signed: _____ | |

(To be accomplished by PRA Personnel)

Date of Receipt of Application Form: _____

Papers Reviewed & Certified Complete by: (*Please indicate complete name, designation, and long-form signature*)

Comments / Remarks:

(To be accomplished upon issuance of SRRV)

SRRV Number: _____

Date of Issuance: _____

Date of Oath-taking: _____