


SPECIAL RESIDENT RETIREE'S VISA APPLICATION

(Form PRA-RRSC-2013-02)

FOR DEPENDENT RETIREE USE

 <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>			Attach 2" x 2" colored photo taken not more than 6 months ago 贴入近 6 个月内的 2*2 近照	
APPLICATION FORM FOR DEPENDENT RETIREE (<i>Entries must be typewritten</i>)				
<input type="checkbox"/> Dependent - Spouse <input type="checkbox"/> Dependent - Child			Application No.	
Last Name 姓 英文 中文		First Name 名 英文 中文		Alias (AKA) 别名
Religion 宗教				
Gender 性别 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		Date of Birth 出生日期		Place of Birth 出生地点
			Nationality 国籍	
			ID No. 身份证号	
Civil Status 婚姻状况 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 离婚 <input type="checkbox"/> Widowed 丧偶				Height 身高
Weight 体重				
Passport No. 护照号码		Place of Issue 签发地点		Date of Issue 签发日期
Valid Until 有效期至				
Home Country Address (<i>Please specify</i>) 户籍地址				
Telephone No. 住家电话		Fax No. 传真号码		Mobile No. 手机电话号码
E-mail 电邮信箱				
Primary Address in the Philippines (<i>Please specify</i>) 现居住地址				
Secondary Address in the Philippines (<i>Please specify</i>) 现居住地址				
Telephone No. 住家电话		Fax No. 传真号码		Mobile No. 手机电话号码
E-mail 电邮信箱				
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 出生日期	Age 年龄	ID No. (Required) 身份证号
Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name:		Date of Birth 出生日期	Age 年龄	ID No. (Required) 身份证号
Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name:		Date of Birth 出生日期	Age 年龄	ID No. (Required) 身份证号
Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name:	Date of Birth 出生日期	Age 年龄	ID No. (Required) 身份证号	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Date of Birth 出生日期	Age 年龄	ID No. (Required) 身份证号	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's Information 申请人双亲信息				
Name of Father 父亲姓名: 英文 中文 Age		Name of Mother 母亲姓名: 英文 中文 Age		
Name of Contact Person in Case of Emergency : 紧急联络人姓名 :	Contact No. : 电话号码 :	Nationality: 国籍:	Relationship: 关系:	
Address : 紧急联系人地址 :				
Date of Arrival in the Philippines 计抵达菲律宾日期	Expiration Date of Tourist Visa / Others 旅游签证有效期至		Entry Visa to the Philippines 持何种签证入境	
Have you visited Philippines prior to this travel? 在此之前是否有来访过菲律宾? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the answer is "Yes", What kind of entry visa?				
<input type="checkbox"/> Tourist Visa 旅游签证 <input type="checkbox"/> Working Visa 工作签证 <input type="checkbox"/> Investment Visa 投资签证 <input type="checkbox"/> Missionary Visa 宗教签证 <input type="checkbox"/> Student Visa 学生签证 <input type="checkbox"/> Others (Please specify) _____				
Educational Attainment 曾就读学校	School and Location 学校名称及所在地	From/To (mm/yyyy - mm/yyyy) 期间 (月/年)		
1 _____	_____	_____		
2 _____	_____	_____		
3 _____	_____	_____		
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: 特此签名以证明以上资料全部属实 如有不实, 可遭 SRRV 否决并撤销当前				
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: _____