


SPECIAL RESIDENT RETIREE'S VISA APPLICATION

(Form PRA-RRSC-2013-01)

FOR PRINCIPAL 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	
<p>APPLICATION FORM FOR PRINCIPAL RETIREE (<i>Entries must be typewritten</i>) 填写表格必须打字填写 不准手写。(申请人请务必填写所有资料)</p>					
<p>SRRV Options (<i>Please Check</i> <input checked="" type="checkbox"/>) 请勾选 <input type="checkbox"/> SMILE <input type="checkbox"/> Classic <input type="checkbox"/> Human Touch <input type="checkbox"/> Courtesy</p>				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	
Family Member Information 申请人双亲信息					
Name of Spouse 父亲姓 : 英文 中文	Date of Birth 出生日期	Age 年龄	ID No. (<i>Required</i>) 身份证号	Included in your application? 是否如同申请 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child 子女姓名 : 英文 中文	Date of Birth 出生日期	Age 年龄	ID No. (<i>Required</i>) 身份证号	Included in your application? 是否如同申请 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child 子女姓名 : 英文 中文	Date of Birth 出生日期	Age 年龄	ID No. (<i>Required</i>) 身份证号	Included in your application? 是否如同申请 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child 子女姓名 : 英文 中文	Date of Birth 出生日期	Age 年龄	ID No. (<i>Required</i>) 身份证号	Included in your application? 是否如同申请 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child 子女姓名 : 英文 中文	Date of Birth 出生日期	Age 年龄	ID No. (<i>Required</i>) 身份证号	Included in your application? 是否如同申请 <input type="checkbox"/> Yes <input type="checkbox"/> No	

(if necessary, use additional sheet)

Parent's Information 申请人双亲信息			
Name of Father 父亲姓名： 英文 中文 Age 年龄		Name of Mother 母亲姓名： 英文 中文 Age 年龄	
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) _____			
Last three years residence 最近三年国内居住地址			
Period of stay (mm/yyyy - mm/yyyy) 居住时间 (月/年)		Address 地址	
1 _____		_____	
2 _____		_____	
3 _____		_____	
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 _____	_____	_____	
Name and Address of Present Company / Business (if any) 目前服务/退休单位名称及职称: _____ _____			
Contact No. 电话号码 _____			
Aside from retirement, what are the other plans/future actions in the Philippines			
<input type="checkbox"/> Tourism/Travel <input type="checkbox"/> Investment <input type="checkbox"/> Employment <input type="checkbox"/> Others (Please specify) _____			
Employment in the last three (3) years. 三年内服务过的单位			
Company Name 服务单位 and Address 地址		Job Title 职位	From/To (mm/yyyy~mm/yyyy) 期间 (月/年)
1 _____		_____	_____
2 _____		_____	_____
3 _____		_____	_____

Please read carefully:

The following classes of aliens shall be excluded from entry into the Philippines and not eligible to acquire a Special Resident

Retiree's Visa:

1. Insane persons/person afflicted with a dangerous contagious disease, Persons with manifestation of any anxiety, depressive, psychotic, personality and psychological disorders identified and observed during the conduct of medical examination as well certifications of the person's attending the physician.
2. Pauper, vagrant, and beggars, persons likely to become a public charge, stowaways, persons who have been excluded or deported from the Philippines including those deported as indigent aliens or persons not properly documented for admission;
3. Persons who have been convicted of a crime involving moral turpitude, prostitutes or procures, persons coming for any immoral purposes;
4. Persons who believe in or advocate the overthrow by force and violence of the Government of the Philippines, or of constituted lawful authority, or who disbelieve in or are opposed to organized government; people who use force and violence in pursuit of their advocacies;
5. Persons over fifteen (15) years of age, physically capable of reading, who cannot read printed matter in ordinary use in any language selected by the alien, persons who are members of a family accompanying an excluded alien; or
6. Persons coming to perform unskilled manual labor in pursuance of a promise or offer of employment;

The mere act of submitting this form, for the purpose of processing the application, is an affirmation that the applicant is not excluded nor a disqualified person based on existing Philippine Immigration laws.

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: 特此签名以证明以上资料全部属实如有不实, 可遭SRRV 否决并撤销当前签证处理	Accredited Marketer (if any): 填写表格时请合格认证公司协助
	Registered Name of Marketer: PRA Accreditation No:
Date Signed 签署日期:	Telephone No:

(To be accomplished by PRA Personnel)

Date of Receipt of Application : _____

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: _____

FOR MARKETING RESEARCH PURPOSES

1 How did you learn about SRRV?

- PRA Office / Officers
- PRA Newsletters
- Newspaper
- PRA Website
- TV
- Other Websites _____
- Friends, Families, associates
- Magazine
- Marketers _____

2 Have you visited the Philippines prior to joining The PRA Program? Yes No

If Yes, how many times? _____ When was the last time you visited? _____

On the average how long did you stay? _____ Where did you stay? _____

3 Which part of the Philippines do you particularly plan to stay longer?

- Baguio Clark Subic Metro Manila Tagaytay
- Cebu Davao Others Please specify: _____

4 I would like to receive updates / news about PRA and its partners, thru the following:

- By Phone Phone No.: _____
- By Email Email Address: _____
- By Post Postal Address: _____