

	<b>APPLICATION FOR ACCREDITATION</b> (Form PRA-MKT-2007-001)		Application No. _____
	Republic of the Philippines DEPARTMENT OF TOURISM <b>PHILIPPINE RETIREMENT AUTHORITY</b> 29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel. No. (632) 848-1412 Fax (632) 848-1411 Email: inquiry@pra.gov.ph Website: www.pra.gov.ph		PRA Receipt Date: _____
Please check one: <input type="checkbox"/> Project <input type="checkbox"/> Active Living Facility <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Merchant Partner <input type="checkbox"/> Marketer		Company Name _____	
Company Address (No Post Office Box please)			Year Established _____
City _____	Postal Code _____	Country _____	Website _____
Telephone _____	Telephone _____	Fax _____	Email _____
Company Address in the <b>PHILIPPINES</b> (No Post Office Box please)			Year Established _____
City _____	Postal Code _____	Province _____	Website _____
Contact Last Name _____		First Name _____	Middle Name _____
Telephone _____	Mobile _____	Fax _____	Email _____
<b>In case of merchant partner, please indicate products or services provided (Maximum only 3 categories will be accepted):</b>			
<input type="checkbox"/> Accounting Services and / or Systems <input type="checkbox"/> Advertising, Publications, Printing <input type="checkbox"/> Architects <input type="checkbox"/> Auto repair <input type="checkbox"/> Barber or Beauty Shop <input type="checkbox"/> Bathing Equipment and /or Supplies <input type="checkbox"/> Beds, Bedding, Mattresses <input type="checkbox"/> Catering, Food Services <input type="checkbox"/> Computers, Software <input type="checkbox"/> Construction, Renovation <input type="checkbox"/> Dental Services <input type="checkbox"/> Education & Training Programs <input type="checkbox"/> Electrical <input type="checkbox"/> Financing, Financial Institutions <input type="checkbox"/> Funeral Homes, Cemeteries <input type="checkbox"/> Furniture, furnishings <input type="checkbox"/> Healthcare / Home Care Staffing & Services <input type="checkbox"/> Heating, Air-Conditioning, Ventilating Systems <input type="checkbox"/> Home Appliances & Repair <input type="checkbox"/> Hospital <input type="checkbox"/> Housekeeping Services and / or Supplies <input type="checkbox"/> Infection Control <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Interior Design		<input type="checkbox"/> Laboratory Services <input type="checkbox"/> Landscaping & Gardening <input type="checkbox"/> Laundry Service <input type="checkbox"/> Legal Services <input type="checkbox"/> Massage Therapists <input type="checkbox"/> Medical Care & Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Moving & Storage <input type="checkbox"/> Office Equipments <input type="checkbox"/> Pest Control <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Plumbing <input type="checkbox"/> Real Estate Appraisers <input type="checkbox"/> Real Estate Broker/Marketer <input type="checkbox"/> Real Estate Developer <input type="checkbox"/> Restaurants <input type="checkbox"/> Safety Inspections <input type="checkbox"/> Security & Safety Systems <input type="checkbox"/> Security Agency <input type="checkbox"/> Signage <input type="checkbox"/> Spa <input type="checkbox"/> Transportation Services <input type="checkbox"/> Travel & Tours <input type="checkbox"/> Others: _____	
Place passport size photo of contact here taken not more than 6 months ago	By affixing my signature, I hereby certify that the information above are true and correct and that any misrepresentation on my part will be ground for denial of this application:  _____ Signature of Applicant		<b>PRA Use only:</b> Processed by: _____ Date signed: _____ Recommended for Approval: _____ Date signed: _____ <b>APPROVED:</b> _____ Date signed: _____
	_____ Date Signed		

**Please provide a 35-word or less description of your company's products or services.**

**In case of Active Living Facility, Village, or Resort, please check amenities offered:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 24-hr room service; tray service to suites</li> <li><input type="checkbox"/> Air conditioned rooms</li> <li><input type="checkbox"/> Airport shuttle</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Badminton or Squash</li> <li><input type="checkbox"/> Banquet facilities</li> <li><input type="checkbox"/> Beachfront</li> <li><input type="checkbox"/> Beauty/barber shop</li> <li><input type="checkbox"/> Bike or hiking trail</li> <li><input type="checkbox"/> Children playground</li> <li><input type="checkbox"/> Concierge</li> <li><input type="checkbox"/> Conference or function room</li> <li><input type="checkbox"/> Convenience or grocery store</li> <li><input type="checkbox"/> Church or chapel</li> <li><input type="checkbox"/> Dining facility or restaurant</li> <li><input type="checkbox"/> Games room or Bingo</li> <li><input type="checkbox"/> Golf course</li> <li><input type="checkbox"/> Health club or gym</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Indoor parking</li> <li><input type="checkbox"/> Indoor pool</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet access</li> <li><input type="checkbox"/> Laundry Service</li> <li><input type="checkbox"/> Library</li> <li><input type="checkbox"/> Medical clinic</li> <li><input type="checkbox"/> Mountain biking</li> <li><input type="checkbox"/> Non-smoking rooms</li> <li><input type="checkbox"/> Outdoor pool</li> <li><input type="checkbox"/> Outside parking</li> <li><input type="checkbox"/> Pets allowed</li> <li><input type="checkbox"/> Pharmacy</li> <li><input type="checkbox"/> Picnic area</li> <li><input type="checkbox"/> Postal outlet</li> <li><input type="checkbox"/> Racquetball</li> <li><input type="checkbox"/> Satellite or cable TV</li> <li><input type="checkbox"/> Shuttle service. Transportation to appointments or outings.</li> <li><input type="checkbox"/> Spa and massage</li> <li><input type="checkbox"/> Tennis</li> <li><input type="checkbox"/> Valet parking</li> <li><input type="checkbox"/> Water sports</li> <li><input type="checkbox"/> Wheelchair accessible</li> </ul> |
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**In case of Assisted Living Facility or Nursing Home, please check health and personal services offered:**

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|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance with activities of daily living, e.g. grooming, dressing, bathing, etc</li> <li><input type="checkbox"/> Specialized Alzheimer Care</li> <li><input type="checkbox"/> Convalescent Care</li> <li><input type="checkbox"/> Day Program</li> <li><input type="checkbox"/> Emergency Response System</li> <li><input type="checkbox"/> Friendly Visiting</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Incontinence Management</li> <li><input type="checkbox"/> Daily meals and snacks, special diets accommodated</li> <li><input type="checkbox"/> Medication Management</li> <li><input type="checkbox"/> Nursing Care</li> <li><input type="checkbox"/> Occupational Therapy</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen</li> <li><input type="checkbox"/> Palliative Care</li> <li><input type="checkbox"/> Psycho-Social Rehabilitation</li> <li><input type="checkbox"/> Physiotherapy</li> <li><input type="checkbox"/> Rehabilitation Care</li> <li><input type="checkbox"/> Registered Nurse On Staff</li> <li><input type="checkbox"/> Respite Care</li> <li><input type="checkbox"/> Special or Intensive Care Unit</li> <li><input type="checkbox"/> Speech Therapy</li> <li><input type="checkbox"/> 24-hour Supervision</li> <li><input type="checkbox"/> Telephone Reassurance</li> </ul> |
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**1. How did you learn about the PRA?**

- PRA Website       Brochure       PRA Newsletter       Newspaper       Magazine
- Friends, families, or associates       TV       Marketer       Other Website
- Others. Please specify: \_\_\_\_\_.