

NOTICE OF CLIENT REGISTRATION

This is to certify that _____
(Name of Principal Retiree-Applicant)

a/an _____, _____ years old and with principal
(Nationality) *(Age)*

address at _____

_____ has been notified/briefed about the programs and assisted to obtain the Special Resident Retiree's Visa (SRRV) by the undersigned.

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| <p>I hereby confirm that the above information are true and correct.</p> <p>_____ Signature over printed name of Retiree - Applicant</p> |
|--|

| |
|---|
| _____ Name of Accredited Marketer |
| Registration No. _____ |
| Expires On: _____ |
| _____ Signature of Marketer / Authorized Representative above printed name |
| Validity of Accreditation verified by _____ |

Checked and verified by

| | | |
|-----------------------|------------|-------------|
| PRA Info Desk Officer | | |
| Frontdesk Officer | PRA OR No. | Date Issued |
| Finance Officer | DV No. | Date Issued |

Noted by:

 Department Manager III / OIC
 Marketing Department