

RETIREE REQUEST FORM (SATELLITE OFFICE)

**For Retiree / Representative only*

Transaction/s

- ID Services Certificate of Membership
 Restamping Others _____

Date: _____

Name of Principal: _____ SRRV No.: _____

Last Name First/Given Name Middle Name

Address (Local) : _____

Address (Abroad) : _____

Contact Numbers : _____ Email Address: _____

Source of Income

- I. A. Current Occupation: Manager Consultant Others B. Current Business: _____ C. Retired
- Professional Technicians

- II. Industry :
- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Electricity & Construction | <input type="checkbox"/> Transportation | <input type="checkbox"/> Freight & Storage | <input type="checkbox"/> Information & Communication |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Finance | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Admin & Support | <input type="checkbox"/> Education |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Accommodation | <input type="checkbox"/> Health | <input type="checkbox"/> Social Works | <input type="checkbox"/> Others _____ |

Retiree is in : Philippines Abroad

By affixing my signature, I hereby certify that the above information are true and correct. I also commit to inform PRetA in writing, of any change of information presented here:

Signature of Retiree over Printed Name

To be filled-up by authorized representative who must submit notarized Guarantee Letter and Authorization Letter/SPA :

Name of Representative :

Last Name First/Given Name Middle Name Contact Number

Marketer : _____
Name of Marketer Accreditation No. Signature

PRetA STAFF ACTION

1. Scheme : _____ 2. Last Card Validity : _____

2. Requisite Deposit : Amount: _____ As of: _____
 Bank: _____

3. VF / HF : _____ Amount: \$ _____
 month / day / year ₱ _____

4. Not Invested Invested Condominium Corporation
 Long-term Lease Others

5. Police/Interpol Clearance Complied Not Complied
 Waived Not Required

Other Receivables/ for Compliance :

Remarks

ID VERIFIED :

Checked By: _____
Date/Time: _____

DEPOSIT VERIFIED :

Checked By: _____
Date/Time: _____

INVESTMENT GROUP CLEARANCE:

Complied Not complied

Checked By: _____
Date/Time: _____

APPROVED BY:

MARILOU F. CANTANCIO, CESE
Head, Satellite Offices/ Department Manager III - RRSD

ORDER OF PAYMENT

\$1.00 = _____

Particulars	Period Covered	SRRV No.	\$ USD	₱ Php
<input type="checkbox"/> APF	_____	_____	_____	_____
<input type="checkbox"/> ID FEE	_____	_____	_____	_____
<input type="checkbox"/> ID Replacement	_____	_____	_____	_____
<input type="checkbox"/> BI Fee Restamping	_____	_____	_____	_____
<input type="checkbox"/> Service Fee Restamping	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Membership	_____	_____	_____	_____
<input type="checkbox"/> Visitorial Fee	_____	_____	_____	_____
<input type="checkbox"/> Harmonization Fee	_____	_____	_____	_____
<input type="checkbox"/> Other Fee(s)	_____	_____	_____	_____
Please Specify:	_____	_____	_____	_____
TOTAL			\$ _____	₱ _____

Received/ Evaluated By (SO only): _____

Date/ Time : _____

Encoded/ Printed _____ Date/ Time : _____

Released By: _____ Date/ Time : _____

Received By: _____ Date/ Time : _____

