

**SPECIAL RESIDENT RETIREE'S VISA APPLICATION
(ENGLISH)**



PHILIPPINE RETIREMENT AUTHORITY

29F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines
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E-mail: inquiry@pra.gov.ph; Website: pra.gov.ph

Attach 2" x 2" colored photo taken not more than 6 months ago

APPLICATION FORM FOR PRINCIPAL RETIREE (*Entries must be typewritten*)

SRRV Options (*Please Check ✓*)

SMILE Classic Human Touch Courtesy

Application No.

Last Name	First Name	Alias (AKA)	Religion
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Place of Birth	Nationality ID No.
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Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Height	Weight
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Passport No.	Place of Issue	Date of Issue	Valid Until
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Home Country Address (*Please specify*)

Telephone No.	Fax No.	Mobile No.	E-mail
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Primary Address in the Philippines
(*Please specify*)

Secondary Address in the Philippines
(*Please specify*)

Telephone No.	Fax No.	Mobile No.	E-mail
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Family Member Information

Name of Spouse:	Date of Birth	Age	ID No. (<i>Required</i>)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child :	Date of Birth	Age	ID No. (<i>Required</i>)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child :	Date of Birth	Age	ID No. (<i>Required</i>)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child :	Date of Birth	Age	ID No. (<i>Required</i>)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Child :	Date of Birth	Age	ID No. (<i>Required</i>)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No

(if necessary, use additional sheet)

FOR PRINCIPAL RETIREE USE

Parent's Information													
Name of Father : Age		Name of Mother : Age											
Name of Contact Person in Case of :	Contact No. :	Nationality	Relationship:										
	Address :												
Date of Arrival in the Philippines	Expiration Date of Tourist Visa / Others	Entry Visa to the Philippines											
<p>Have you visited Philippines prior to this travel? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is "Yes", What kind of entry visa?</p> <p> <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Working Visa <input type="checkbox"/> Investment Visa <input type="checkbox"/> Missionary Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Others (<i>Please specify</i>) _____ </p> <p>Last three years residence</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Period of stay (mm/yyyy - mm/yyyy)</th> <th style="width: 60%; padding: 5px;">Address</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">1 _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">2 _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">3 _____</td><td style="padding: 5px;">_____</td></tr> <tr><td style="padding: 5px;">4 _____</td><td style="padding: 5px;">_____</td></tr> </tbody> </table>				Period of stay (mm/yyyy - mm/yyyy)	Address	1 _____	_____	2 _____	_____	3 _____	_____	4 _____	_____
Period of stay (mm/yyyy - mm/yyyy)	Address												
1 _____	_____												
2 _____	_____												
3 _____	_____												
4 _____	_____												
Educational Attainment	School and Location	From/To (mm/yyyy - mm/yyyy)											
1 _____	_____	_____											
2 _____	_____	_____											
3 _____	_____	_____											
Name and Address of Present Company / Business (<i>if any</i>): _____													
Contact No. _____													
<p>Aside from retirement, what are the other plans/future actions in the Philippines</p> <p> <input type="checkbox"/> Tourism/Travel <input type="checkbox"/> Investment <input type="checkbox"/> Employment <input type="checkbox"/> Others (<i>Please specify</i>) _____ </p>													
Employment in the last three (3) years.													
Company Name and Address	Job Title	From/To (mm/yyyy~mm/yyyy)											
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:	Accredited Marketer <i>(if any)</i> :
	Registered Name of Marketer:
Date Signed :	PRA Accreditation No:
	Telephone No:

(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: _____

FOR MARKETING RESEARCH PURPOSES

1 How did you learn about SRRV?

- | | | |
|--|--|---|
| <input type="checkbox"/> PRA Office / Officers | <input type="checkbox"/> PRA Newsletters | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> PRA Website | <input type="checkbox"/> TV | <input type="checkbox"/> Other Websites _____ |
| <input type="checkbox"/> Friends, Families, associates | <input type="checkbox"/> Magazine | <input type="checkbox"/> 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?

- | | | | | |
|---------------------------------|--------------------------------|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Baguio | <input type="checkbox"/> Clark | <input type="checkbox"/> Subic | <input type="checkbox"/> Metro Manila | <input type="checkbox"/> Tagaytay |
| <input type="checkbox"/> Cebu | <input type="checkbox"/> Davao | <input type="checkbox"/> Others Please specify : _____ | | |

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

- | | |
|-----------------------------------|-----------------------|
| <input type="checkbox"/> By Phone | Phone No.: _____ |
| <input type="checkbox"/> By Email | Email Address: _____ |
| <input type="checkbox"/> By Post | Postal Address: _____ |