

**RETIREE REQUEST FORM**

OR No: \_\_\_\_\_

*\*For Retiree / Representative only*

Name of Principal: \_\_\_\_\_ Date : \_\_\_\_\_  
 \_\_\_\_\_ SRRV No. \_\_\_\_\_  
 Last Name First Name Middle Name  
 \_\_\_ Male \_\_\_ Female \_\_\_ 35 – 49 years old \_\_\_ 50 years old & Above

Address ( Local ) \_\_\_\_\_

Address ( Abroad) \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E- Mail : \_\_\_\_\_

Nature of Request  ID Renewal  Re – Stamping  Others please specify : \_\_\_\_\_

*\*To be filled-up by authorized representative*

Name of Representative: \_\_\_\_\_  
 Last Name First Name Middle Name Signature

Contact Details : \_\_\_\_\_  
 \_\_\_ Marketer \_\_\_ SPA \_\_\_ Authorization

*\* For RRSD STAFF only*

**STAFF ACTION**

Instructions: \_\_\_\_\_ Action Officer

1. PRA ID Card : \_\_\_\_\_ Expiry Date Printed By: \_\_\_\_\_  
 month/year

2. Visitorial Fee : \_\_\_\_\_ Amount to be Paid  Php  \$ \_\_\_\_\_  
 month/day/year

3. Requisite Deposit  Php  \$ \_\_\_\_\_ As of \_\_\_\_\_

4. Investment \_\_\_ Condominium \_\_\_ Long Term Lease \_\_\_ Golf Share \_\_\_ Others \_\_\_\_\_

5. Requirements \_\_\_ CCT w/Restriction \_\_\_ TCT w/Restriction \_\_\_ MP \_\_\_ Notarized Contract of Lease  
 \_\_\_ GIS \_\_\_ ATR \_\_\_ SSS  
 \_\_\_ Phil Health \_\_\_ FS \_\_\_ Stock Certificate  
 \_\_\_ Deed of Sale \_\_\_ Contract of Lease \_\_\_ Golf Certificate \_\_\_\_\_

Police Clearance:  Complied  Not Complied  Not Required  Waived

Other Receivables \_\_\_\_\_

Certified Correct: \_\_\_\_\_ Noted by: \_\_\_\_\_

OIC – Servicing Division / Investment Monitoring RRSD – Department Manager

**ORDER OF PAYMENT**

Date : \_\_\_\_\_ Exchange Rate : \$1.00 = PHP \_\_\_\_\_  
 Name of Principal : \_\_\_\_\_ SRRV No. \_\_\_\_\_

Particulars	Period Covered	SRRV No(s).	Amount	
			US \$	PHP
ID Fee	_____	_____	_____	_____
BI Fee(s):				
- Re Stamping				
- Cancellation				
- Downgrading				
Service Fee(s):				
- Re Stamping				
- Cancellation				
- Downgrading				
Visitorial Fee:				
Other Fee(s):				
Please Specify: _____				

Processor: \_\_\_\_\_ Date Accomplished: \_\_\_\_\_  
 TOTAL AMOUNT PAYABLE US\$ \_\_\_\_\_ PHP \_\_\_\_\_

Remarks:

	TIME
1. Request	PAO _____
2. Verify Last ID	REQ _____
3. Verify Requisite Deposit/Investment	IDV _____
4. Documentary Compliance	FIN _____
5. OIC Servicing	COMP _____
6. Cashier	DC _____
7. Receipt of OR	CASH _____
8. ID Printing	OR _____
9. Release	IDR _____
	REL _____