



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TOURISM
PHILIPPINE RETIREMENT AUTHORITY



**CHECKLIST OF REQUIREMENTS
FOR ACCREDITATION
AS MERCHANT PARTNER (RENEWAL)**

Name of Establishment: _____

- A. Updated Application Form
- B. Updated Information Sheet
- C. Authorization Letter for Representative
- D. Company Profile
- E. Latest / Current Mayor's Permit
- F. Latest Audited Financial Statements
- G. Latest Income Tax Return
- H. Memorandum of Agreement (pro-forma provided by PRA)

Only if applicable:

For Hospital, Clinic, Laboratory or HMO:

- Latest DOH Accreditation

For Insurance Company:

- Insurance Commission License

For School / Institute / Training Center:

- DepEd / CHED / TESDA Permit

For Hotel / Resort:

- DOT Accreditation

For Law Firm:

- IBP Membership Receipt

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- I. Ocular Inspection Report (to be provided by PRA)

Processed/Evaluated by: _____

Marketing Department

Date Completed: _____

Ocular Inspection Date: _____