

RETIREE REQUEST FORM

*For Retiree / Representative only

Date : _____

SRRV No. _____

Name of Principal:

Last Name

First Name

Middle Name

Address (Local)

Address (Abroad)

Telephone No.:

Email:

Mobile No.:

Current Business/Occupation/Industry

Philhealth No. (If any)

Nature of Request

_____ ID / APF _____ Restamping _____ Certificate of Membership

Others please specify: _____

Signature of Retiree Over Printed Name

To be filled-up by authorized representative and must submit notarized Guarantee Letter:

Name of Representative

Last Name

First Name

Middle Name

Signature

Contact Details:

___ Marketer

___ SPA

___ Authorization

___ Guarantee Letter

** For RRSd STAFF only*

STAFF ACTION

Verified by

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

2. VF / HF : _____ Amount to be Paid ₱ \$ _____
month / day / year

3. Requisite Deposit ₱ \$ _____ As of _____

4. Investment ___ Condominium / ___ Townhouse ___ Long Term Lease ___ Others : _____

5. Requirements

___ CCT w/ Restriction	___ TCT w/ Restriction	___ Golf Membership Certificate
___ Deed of Sale	___ Contract of Lease	___ Stock Certificate
___ GIS	___ FS	___ Phil Health
___ MP	___ ATR	___ SSS

6. Police Clearance Complied Not Complied Not Required Waived Interpol

Other Receivables _____

Perused by: _____

Noted by: _____

ATTY. JEROME CARLO C. CASTRO
Division Chief III - Servicing Division

ORLANDO H. HABITAN
RRSD - Department Manager

ORDER OF PAYMENT

Scheme: _____

\$1.00 = _____

Particular	Period Covered	SRRV(s)	US\$	₱ Peso
<input type="checkbox"/> APF	_____	_____	_____	_____
<input type="checkbox"/> ID FEE	_____	_____	_____	_____
<input type="checkbox"/> ID Replacement/Duplicate	_____	_____	_____	_____
<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:	_____	_____	_____	_____

Processor _____

Date Accomplished _____

Total _____

Remarks: _____

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

