

NOTICE OF CLIENT REGISTRATION

This is to certify that _____, a/an _____, _____ years old and with
 (Name of Principal Retiree-Applicant) (Nationality) (Age)
 principal address at _____, has been
 notified/briefed about the programs and assisted to obtain the Special Resident Retiree’s Visa(SRRV)
 by the undersigned.

I hereby confirm that the above information are true and correct.

_____.

Signature over printed name of
Retiree – Applicant

Mary Jane Gomez Visa Consultancy

Name of Accredited Marketer

Registration No. **173100631-1811**

Expires On **November 07, 2019**

Kazutami Shiga

Signature of Marketer/ Authorized Representative
above printed name

Validity of Accreditation verified by

Checked and verified by:

PRA Info Desk Officer		
Frontdesk Officer		
PRA OR No.	Date Issued	
Finance Officer		
DV No.	Date Issued	

Noted by:

 Department Manager III / OIC
 Marketing Department