

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

Application No. _____



PHILIPPINE RETIREMENT AUTHORITY

29F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines
Tel. Nos. + 632-848-1412 + 632- 848-1418 + 632-848-1411
Email: 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

Last Name		First Name		Alias (AKA)		Religion	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Place of Birth		Nationality ID No.		
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Height		Weight	
Passport No.		Place of Issue		Date of Issue		Valid Until	
Home Country Address <i>(Please specify)</i>							
Telephone No.		Fax No.		Mobile No.		E-mail	
Primary Address in the Philippines <i>(Please specify)</i>							
Secondary Address in the Philippines <i>(Please specify)</i>							
Telephone No.		Fax No.		Mobile No.		E-mail	
Family Member Information							
Name of Spouse:		Date of Birth	Age	ID No. (Required)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Child :		Date of Birth	Age	ID No. (Required)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Child :		Date of Birth	Age	ID No. (Required)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Child :		Date of Birth	Age	ID No. (Required)	Included in your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Child :		Date of Birth	Age	ID No. (Required)	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 Emergency:	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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Tourist Visa <input type="checkbox"/> Missionary Visa </div> <div> <input type="checkbox"/> Working Visa <input type="checkbox"/> Student Visa </div> <div> <input type="checkbox"/> Investment Visa <input type="checkbox"/> Others (<i>Please specify</i>) _____ </div> </div> <p>Last three years residence</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left; padding: 5px;">Period of stay (<i>mm/yyyy - mm/yyyy</i>)</th> <th style="width: 60%; text-align: left; 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 (<i>mm/yyyy - mm/yyyy</i>)	Address	1 _____	_____	2 _____	_____	3 _____	_____	4 _____	_____		
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2 _____	_____	_____													
3 _____	_____	_____													
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1 _____	_____	_____													
2 _____	_____	_____													
3 _____	_____	_____													

TERMS AND CONDITIONS:

1. The following classes of aliens, shall be excluded from entry into the Philippines, and are not eligible to acquire a Special Resident Retiree's Visa (SRRV):
 - a. Insane persons, persons afflicted with a contagious disease, persons with manifestation of any anxiety depressive, psychotic, personality and psychological disorders identified and observed during the conduct of medical examination as certified by the person's attending physician.
 - b. Pauper, vagrant, and beggars, persons who are 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;
 - c. Persons who have been convicted of a crime involving moral turpitude, prostitutes or procures, persons coming for any immoral purposes;
 - d. Persons who believe in, 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 an organized government, and persons who use force and violence in pursuit of their advocacies;
 - e. 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
 - f. Persons coming to perform unskilled manual labor in pursuit of a promise or offer of employment.
2. **Obedience to Philippine Laws, Rules and Regulations.** I hereby affirm that I would abide by Philippine laws, rules and regulations, and respect Philippine customs and traditions.
3. **Engagement in Gainful Employment.** I hereby agree to secure from the Department of Labor and Employment (DOLE) the required Alien Employment Permit (AEP) before engaging in gainful employment in the Philippines, and abide by the existing labor laws of the country governing alien employment.*
4. **Presumption of Death.** I understand that, for SRRV purposes, the Philippine Retirement Authority (PRA) may declare the presumptive death of SRRV Holders, 90 years of age and above, who have not been heard of or whose existence have not been known for four (4) years despite diligent efforts to locate said SRRV Holders, such as, but not limited to, communications to last known address and publication of such absence in a newspaper of general circulation in the Philippines. In such case, I allow PRA to deduct from my visa deposit the cancellation fee, visitorial fee, harmonization fee, annual membership fee, and the actual costs of publication and other fees and charges necessary and essential for the maintenance of the SRRV, as the case may be, and my SRRV shall be cancelled accordingly. **
5. **Special or Extraordinary Expenses.** I understand that unexpected events may occur any time during my stay in the country as SRRV Holder, and expenses may be incurred in relation thereto, such as, but not limited to, medical expenses and hospitalization. In such case, I hereby allow PRA to deduct from my visa deposit such amount, as may be necessary, to cover such extraordinary expenses, when my financial means cannot cover for the payment of the same.
6. **Confidential Disclosure of Information.** Pursuant to this application, and in line with the provisions of Data Privacy Act of 2012, I hereby give my consent to PRA to share my contact details and other information to a third-party consultant or agency duly authorized by PRA to conduct PRA-initiated surveys, such as, but not limited to, Customer Satisfaction Survey/Stakeholder's Survey, and Retiree's Expenditure Survey. I understand that PRA shall take all necessary measures and steps to protect and secure such information from unauthorized or unlawful use.

* Gainful employment refers to a state or condition that creates an employee-employer relationship between the Philippine-based employer and the foreign national. If there is no employee-employer relationship, there is no need for SRRV Holders to apply for an AEP (Department Order No. 186, Series of 2017, otherwise known as Revised Rule for the Issuance of Employment Permits to Foreign Nationals).

** The remaining balance of the visa deposit of the concerned retiree-member declared presumed dead, for SRRV purposes, shall be kept intact until his/her lawful heir/s claims the same. If the concerned retiree-member presumed dead should reappear, he/she can claim the remaining balance of his/her visa deposit, without prejudice to the right of such retiree-member to apply for a new SRRV.

I hereby affirm that I have read and understood the above terms and conditions. By affixing my signature herein, I understand and agree that I am bound by such terms and conditions to the fullest extent allowed by the laws of the Philippines. I further 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:

Signature _____

Name/s of Retiree-applicant _____

Date Signed: _____

Registered Name of Marketer: _____

PRA Accreditation No: _____

Name and Signature of Representative: _____

Telephone No: _____

(To be accomplished by PRA Front Desk Personnel)

Date of Receipt of Application: _____

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: _____