# **FOR DEPENDENT RETIREE USE**



# Republic of the Philippines DEPARTMENT OF TOURISM

### PHILIPPINE RETIREMENT AUTHORITY

29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines
Tel. No.: +632 8481412, FAX: +632 8481411, Email: inquiry@pra.gov.ph; Website: www.pra.gov.ph

Attach 2" x 2" colored photo taken not more than 6 months ago

6 개월 이내 찍은 (5cm x 5cm) 컬러 사진 부착

## **APPLICATION FORM FOR DEPENDENT RETIREE** (Entries must be typewritten)

□ Dependent – Spouse (보조 신청자 - 배우자) □ Dependent – Child (보조 신청자 - 자녀)													
Last Name (성)	First Name (이름			이름)	)			Alias (별칭=없으면 놓으세요)			년 비워	Religion (종교)	
Gender (성별) □ Male (난성)	□ Male (남성)			th (생년월일) Place of			, = -,			ational	ity (국적)		
☐ Female (여성)										ID No. (주민번호)			
Civil Status (결혼여부) □Single (미혼) □ Married (기혼) □ Divorced (이혼) □ Widowed (사별) Height(신장)					Weight (체중)								
Passport No. (여권번호) Place of			Issue (발행처)			Date of Issue (발급일)			)	Valid U	ntil (만료일 <sub>)</sub>		
Home Country Address <i>(Please specify) <sub>(Please specify)</sub></i> 한국 주소(구체적으로 기입)													
Telephone No. (전화)			x No. (팩스) N			Mobile No. (발급일)				E-mail (이메일)			
Primary Address in the Philippines (필리핀 내 주 거주지 - 구체적으로 기입) (Please specify)													
Secondary Address in the Philippines (필리핀 내 기타 주소지 - 구체적으로 기입) (Please specify)													
Telephone No. (전화) F			ax No. (팩스)			Mobile No. (발급일)				E-mail (이메일)			
1			Name of Principal: (주 신청자 이름):										
Included in this application? 《같이 신청하는 지 여부》		<b>\</b>	□Yes □No (Please provide principal's SRRV information) 주 신청자정보를 입력하십시오.										
			SI	RRV N	lo				Dat	e Issue	ed		
□ SMILE	□С	Classic □ Courtesy				sy	sy □ Human Toud				ouch		
Family Information 가족정보		For applying dependent-spouse please list name(s) of children below 21 years old; for applying dependent-child, please list name(s) of siblings. (배우자 신청 시, 만 21 세 자녀 이름을 입력하고, 자녀 신청 시 형제, 자매 성명 기재)											
Name: (이름)			Date of Birth (생년월일)	ı	Age (나 c			lo. <i>(Req</i> I번호(필		)	(같이 신	in your application?  청 하는 지 여부)  위) □No (아니요)	
Name: (이름)			Date of Birtl (생년월일)	n	Age (나 c			lo. <i>(Req</i> I번호(필		"	(같이 신	n your application?  청 하는 지 여부)  ᅨ)□No (아니요)	
Name: (ol름)			Date of Birth (생년월일)	n	Age (나 c			lo. <i>(Req</i> I번호(필			(같이 신	in your application? 청 하는 지 여부) ᆌ ) □No (아니요)	

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Name: (이름)	Date of Birth (생년월일)	Age (나이)	ID No. (Re (주민번호	ː(필수)´ (:	cluded in your application? 같이 신청 하는 지 여부) Yes(예) □No(아니요)			
Name: (이름)	Date of Birth (생년월일)	Age (나이)	ID No. (Re (주민번호	(필수) (3	cluded in your application? 같이 신청 하는 지 여부) Yes(예) <sub>□No</sub> (아니요)			
Parent's Information: (부모님 정보)								
Name of Father: (아버님 성함)		Name o	of Mother: (d	어머님 성함)				
Age : 나이			Age : 나이					
Name of Contact Person in Case of Emergency:	Contact No.: (연락처)		Nationality (	국적):	Relationship: (관계):			
(비상 시 연락 가능한 사람)	Address: 주소							
Date of Arrival in the Philippines Expiration Date of Tourist 필리핀 입국일 (관광비자 또는 다른 비자			3	Entry Visa to the Philippines (필리핀 입국 비자)				
Have you visited Philippines prior to this tra (이전에 필리핀 방문하신적이 있으십니까 If the answer is "Yes", What kind of entry vis ("만약 있다면 어떤 종류의 비자로 입국하셨	? a?		] Yes		l No			
□ Tourist Visa (관광비자)	네자) □	] Investment	:Visa (투자비	⊼ト)				
□ Missionary Visa (선교비자)	네자) □	자) 🗆 Others 기타 (구체적으로 기입)						
Educational Attainment Sch 학력 사항 졸업			ocation 역)		From/To (mm/yyyy-mm/yyyy) 기간(월/년도 - 월/년도)			
1								

### **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.

SRRV Number:	Date of Issuance:	Date of Oath-taking:	
	(To be accomplished upon issuance	of SRRV)	
Comments / Remarks:			
Papers Reviewed & Certified Cor	nplete by: (Please indicate complete name, desig	nation, and long-form signature	
	(To be accomplished by PRA Front I	Desk Personnel)	
Date Signed:			_
			_
Signature			_
agree that I am bound by	such terms and conditions to the fullest extent	onditions. By affixing my signature herein, I understand a allowed by the laws of the Philippines. I further certify that t n my part will be grounds for denial of SRRV and/or revocati	the
If there is no employee-employe		elationship between the Philippine-based employer and the foreign nat oply for an AEP (Department Order No. 186, Series of 2017, otherwise	
my consent to PRA to share PRA-initiated surveys, such as	my contact details and other information to a third s, but not limited to, Customer Satisfaction Survey	ine with the provisions of Data Privacy Act of 2012, I hereby g l-party consultant or agency duly authorized by PRA to conduct /Stakeholder's Survey, and Retiree's Expenditure Survey. and secure such information from unauthorized or unlawful uso	t