

NOTICE OF CLIENT REGISTRATION

This is to certify that _____
(Name of Principal Retiree-Applicant)

a/an _____, _____ years old and with principal
(Nationality) *(Age)*

address at _____

_____ has been notified/briefed about the programs and assisted to obtain the Special Resident Retiree's Visa (SRRV) by the undersigned.

<p>I hereby confirm that the above information are true and correct.</p> <p>_____ Signature over printed name of Retiree - Applicant</p>
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_____ Name of Accredited Marketer
Registration No. _____
Expires On: _____
_____ 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. _____
Finance Officer	Date Issued _____
DV No. _____	Date Issued _____

Noted by:

 Department Manager III / OIC
 Marketing Department