## REPUBLIC OF THE PHILIPPINES **BOARD OF INVESTMENTS**

| DATE | RECEIVED: |  |
|------|-----------|--|

APPLICATION NO.

| PHILIPPINES   | 29/F Citibank Tower, 87<br>Tel. Nos. (632) 848-1412 to | 741 Paseo de F     | Roxas Makati City, 120   | 00 Philippines  | DATE RECEIVED:   |  |  |
|---|--|--------------------|--|---|--|--|--|
| LAST NAME   | FIRST NAME   |                    | MIDDLE NAM   | ME  | SEX  |  |  |
|   |  |                    |  |   |  |  |  |
| CURRENT ADDRESS ABR   |  | TELEPHONE NUMBERS: |  |   |  |  |  |
|   |  | FAX NUMBER:        |  |   |  |  |  |
| ADDRESS IN THE PHILIPPINES  |  |                    | TELEPHONE NUMBERS:   |   |  |  |  |
|   |  | FAX NUMBER:        |  |   |  |  |  |
| PASSPORT NUMBER OF  | APPLICANT  | DAT                | TE ISSUED PLACE ISSUED EXPIRATION I  |   |  |  |  |
| PERSON TO CONTACT IN  | N CASE OF EMERGEN                                      | CY<br>             | :  |   | <u></u>  |  |  |
| RRSC – 001 (Plea  | se type or print all information re                    | equired)           | AF   | PPLICATION NO   | RRSC - 001   |  |  |
| PHILIPPINE RETIREMEN  | T PROGRAM APPLICA                                      | TION               |  | MEDICAL CERTIF  | FICATE   |  |  |
| DATE OF BIRTH  MONTH  DAY  YEAR   |  |                    | My examination was specifically made for evidence of any of the following conditions.  |   |  |  |  |
| PLACE OF BIRTH  | AGE  |                    | CLASS "A" I. Dangerous/0   | Contagious II. Mental Co  |  |  |  |
| NATIONALITY   | RELIGION   |                    | Diseases<br>A. Lep   | prosy E   | Mental Deficiency  B. Insanity   |  |  |
| CIVIL STATUS SINGLE MARRIED WIDOWED DIVORCED SEPARATED  |  |                    | C. Gra<br>D. Lyn   | anuloma inguinate E<br>nphogranuloma E<br>nereum F  | Psychopathic personality<br>Chronic alcoholism<br>Sexual deviation<br>Mental defect<br>Narcotic drug addiction |  |  |
| HEIGHT WEIGHT   |  |                    | F. Chancroid G. Tuberculosis   |   |  |  |  |
| EDUCATIONAL ATTAINMEN   | Т  |                    |  | quired Immunity<br>ficiency Syndrome (AIDS)   |  |  |  |
| PRESENT/FORMER OCCUP  | ATION  |                    | Physic<br>perma<br>A. S  | cal defect, diseases, or disab<br>unent in nature amounting to<br>Substantial departure from no<br>nability to function or move a | :<br>ormal physical well-being   |  |  |
| PRESENT/FORMER EMPLO  | YER OR NATURE OF BUS                                   | SINESS             | CLASS "C"<br>Minor   | conditions (as diagnosed)   |  |  |  |
| NAME OF SPOUSE  | AGE  |                    |  |   |  |  |  |
| NAME AND AGE NATIONALITY OF CHILDREN  |  |                    | My Findings are as follows: (check no. 1 and complete no. 2)  £ 1. No defect, diseases or disability.  2. Defect, diseases or disability as follows (Give Class A, B or C. diagnosis and pertinent details. Use separate sheet, duly signed if |   |  |  |  |
| 1.  | 3.   |                    | necessary)   |   |  |  |  |
| 2.  | 4.   |                    |  |   |  |  |  |
| SIGNATURE OF APPLICANT  |  |                    |  |   |  |  |  |
| IMPORTANT This form shall be filled out   |  |                    | NAME OF EXAM   | IINING PHYSICIAN/LICENSE N  | O. SIGNATURE   |  |  |
| properly and submitted/mailed directly to the PHILIPPINE  |  |                    | NAME OF CLINI  | C OR HOSPITAL   | DATE   |  |  |
| LEISURE AND RETIREMENT AUTHORITY or through an accredited PLRA Marketer with the following supporting | 2 X 2 INCHES<br>PHOTOGRAPH                             |                    | ADDRESS  |   |  |  |  |
| documents: a) Medical Certificate; and b) Police Clearance/NBI Clearance.                             | FIGIOGRAPI   | '                  | ☐ With LRS ☐ Without LRS   |   |  |  |  |
|   |  |                    | Referred b   | у.  |  |  |  |

(Name of LRS)

| All information stated be      | low sha | all be held str    | rictly CONFIDE                     | NTIALPle          | ase fill out prop   | erly.                                     |  |
|--------------------------------|---------|--------------------|------------------------------------|-------------------|---------------------|---|--|
| LIST OF SCHOOLS ATTENDED       |         |                    | ADDRESS                            |                   |                     | STUDIES COMPLETED                         |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
| <b>BUSINESS INTEREST</b>       | TS IN T | HE PHILIP          | PINES                              |                   |                     |   |  |
| NAME OF COMPANY<br>AND ADDRESS |         | TURE OF<br>JSINESS | AMOUNT OF<br>CAPITAL<br>INVESTMENT | % OF<br>OWNERSHIP | DATE<br>ESTABLISHED | STATUS OF OPERATIONS<br>(ACTIVE/INACTIVE) |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
| <b>BUSINESS INTEREST</b>       | S IN C  | THER COL           | JNTRIES                            |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   |                     |   |  |
|                                |         |                    |                                    |                   | <u> </u>            |   |  |