



REPUBLIC OF THE PHILIPPINES
BOARD OF INVESTMENTS
PHILIPPINE RETIREMENT AUTHORITY
 29/F Citibank Tower, 8741 Paseo de Roxas Makati City, 1227 Philippines
 Tel. Nos. (632) 848-1412 to 16 • Fax (632) 848-1411 Email: inquiry@pra-visa .com
 ローマ字でご記入ください

APPLICATION NO.
 申請番号

DATE RECEIVED:
 受付年月日

LAST NAME 姓名	FIRST NAME 名前	MIDDLE NAME ミドルネーム	SEX 性別 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 男 女
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CURRENT ADDRESS ABROAD 現住所(日本)	TEL No: 電話番号 FAX No: ファクス
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ADDRESS IN THE PHILIPPINES フィリピンの住所	TEL No: 電話番号 FAX No: ファクス
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PASSPORT NUMBER OF APPLICANT パスポート番号	DATE ISSUED 発行日	PLACE ISSUED 発行地	EXPIRATION DATE 有効期限
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PERSON TO CONTACT IN CASE OF EMERGENCY
 緊急時の連絡先(名前と電話番号)

RRSC - 001 申請書 ローマ字でご記入ください

PHILIPPINE RETIREMENT PROGRAM APPLICATION

DATE OF BIRTH 生年月日 - -
 MONTH 月 DAY 日 YEAR 年

PLACE OF BIRTH 出生地 AGE 年齢

NATIONALITY 国籍 RELIGION 宗教

CIVIL STATUS 婚姻歴
 未婚 既婚 死別 離婚 別居
 SINGLE MARRIED WIDOWED DIVORCED SEPARATED

HEIGHT 身長 WEIGHT 体重

EDUCATIONAL ATTAINMENT 最終学歴

PRESENT/FORMER OCCUPATION 現在/過去の職業

PRESENT/FORMER EMPLOYER OR NATURE OF BUSINESS 現在/過去の雇用主または職種

NAME OF SPOUSE 配偶者の氏名 AGE 年齢

NAME AND AGE OF CHILDREN NATIONALITY 配偶者の国籍

1. 子供の名前 3.
2. 4.

SIGNATURE OF APPLICANT 申請者の署名

重要
 本申請書は以下の書類とともに退職先に提出して下さい。

- A. パスポート原本
- B. 健康診断書
- C. 警察証明(18歳以上)
- D. 定期預金証明書(申請者本人)
- E. 婚姻証明書(配偶者)
- F. 出生証明書(子供)
- G. 申請手数料



APPLICATION NO. RRSC - 001

MEDICAL CERTIFICATE 健康診断書

My examination was specifically made for evidence of any of the following conditions.

- CLASS "A"
- I. Dangerous/Contagious Diseases
 A. Leprosy
 B. Gonorrhoea
 C. Granuloma inguinale
 D. Lymphogranuloma Venereum
 E. Syphilis
 F. Chancroid
 G. Tuberculosis
 H. Acquired Immunity Deficiency Syndrome (AIDS)
- II. Mental Conditions
 A. Mental Deficiency
 B. Insanity
 C. Psychopathic personality
 D. Chronic alcoholism
 E. Sexual deviation
 F. Mental defect
 G. Narcotic drug addiction

CLASS "B"
 Physical defect, diseases, or disability serious in degree or permanent in nature amounting to:
 A. Substantial departure from normal physical well-being
 B. Inability to function or move around without assistance.

CLASS "C"
 Minor conditions (as diagnosed)

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 necessary)

NAME OF EXAMINING PHYSICIAN/LICENSE NO.	SIGNATURE
NAME OF CLINIC OR HOSPITAL	DATE
ADDRESS	

Marketer(マーケットター) Walk-in ウォークイン)

Referred by: 紹介者 _____
 (Name of Marketer)