

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.

I hereby confirm that the above information are true and correct.

Signature over printed name of Retiree – Applicant

VAN INGEN MANAGEMENT
Name of Accredited Marketer
Registration No. PRA - 09 - 0012
Valid until 15 FEBRUARY 2018

MARIA ROSE VILLA BARANDA
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.	Date Issued	
Finance Officer		
DV No.	Date Issued	

Noted by:

Department Manager III / OIC
Marketing Department

06.2017