



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TOURISM
PHILIPPINE RETIREMENT AUTHORITY

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ローマ字でご記入ください

APPLICATION NO.: 申請番号

DATE RECEIVED: 受付番号

LAST NAME 姓名	FIRST NAME 名前	MIDDLE NAME ミドルネーム	SEX 性別 <input type="radio"/> MALE 男 <input type="radio"/> FEMALE 女
CURRENT ADDRESS ABROAD 現住所(日本)		TEL No: 電話番号	FAX No: ファックス
ADDRESS IN THE PHILIPPINES フィリピンの住所		TEL No: 電話番号	FAX No: ファックス
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
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 (Please type or print all information required)

PHILIPPINE RETIREMENT PROGRAM APPLICATION

DATE OF BIRTH	MONTH 月	DAY 日	YEAR 年
PLACE OF BIRTH 出生地	AGE 年齢		
NATIONALITY 国籍	RELIGION 宗教		
CIVIL STATUS 婚姻暦 <input type="radio"/> 未婚 SINGLE <input type="radio"/> 既婚 MARRIED <input type="radio"/> 死別 WIDOWED <input type="radio"/> 離婚 DIVORCED <input type="radio"/> 別居 SEPARATED			
HEIGHT 身長	cm	WEIGHT 体重	kg
EDUCATION 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業			
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. 子供の氏名	3.		
2.	4.		
SIGNATURE OF APPLICANT 申請者の署名(パスポートの署名)			

重要
本申請書は以下の書類と共に退職庁に提出してください。
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(配偶者)
F. 出生証明書(子供)
G. 申請手数料
H. 年金証書、振り込み通知書

2X2 INCHES
PHOTOGRAPH

写真
5cmX5cm

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 II Mental Conditions

Diseases

- A. Leprosy
- B. Gonorrhoea
- C. Granuloma inguinale
- D. Lymphogranuloma Venereum
- E. Syphilis
- F. Chancroid
- G. Tuberculosis
- H. Acquired Immunity Deficiency Syndrome (AIDS)

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 Finding 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)