

**NOTICE OF CLIENT REGISTRATION**

This is to certify that \_\_\_\_\_  
*(Name of Retiree-Applicant)*

whose signature appears herein below, and with principal address at \_\_\_\_\_

\_\_\_\_\_

has been notified/briefed about the programs of this Authority by the undersigned at \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_

\_\_\_\_\_  
**Signature above Printed Name**  
Retiree - Applicant

\_\_\_\_\_  
**Registered Name of Marketer**

Reg. No.: \_\_\_\_\_

Reg. Validity: \_\_\_\_\_

\_\_\_\_\_  
**Signature above Printed Name of**  
Marketer/Authorized Representative

Counterchecked by: \_\_\_\_\_  
RRSC

Noted by:

\_\_\_\_\_  
**NOEHL D. BAUTISTA**  
Department Manager, Marketing

*To be filled-out by RRSC and Finance after issuance of SRRV*

RRSC:  
Retiree's SRRV No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_

Finance:  
PRA OR No.: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
RRSC

\_\_\_\_\_  
Collecting Officer - Finance