

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. **937661424 - 1902**

Expires On: **15 FEBRUARY 2023**

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