

NOTICE

Section 6, Rule IV of the Rules and Regulations Implementing Executive Order No. 1037 creating the Philippine Retirement Authority, states:

“Registration of an Offeror - An Offeror, as hereinabove defined, with an offering that requires pre-payments in any form from its/his clients-retirees or participants or those capable of providing or delivering services or leasing its/his facilities for the use of more than 10 retirees, such as but not limited to food and medical or health care services and recreational and lodging facilities, shall apply for registration as such offeror with the AUTHORITY”.

We would like to put particular stress on the mandatory registration of retirement-related accommodation facilities, both for-profit and not-for-profit.

Registration is necessary prior to endorsement for rating, for fiscal incentives (PEZA, TIEZA, BOI-IPP, any other investment promotion agencies) and for any public offerings or private placement.

No fees shall be charged for this registration. Registration forms may be accomplished online through <http://pra.gov.ph> and then submitted by e-mail to the PRA HEAD OFFICE at Email : dm_mso@pra.gov.ph ; corplan@pra.gov.ph

(SGD.) VEREDIGNO P. ATIENZA
General Manager



Republic of the Philippines
DEPARTMENT OF TOURISM
PHILIPPINE RETIREMENT AUTHORITY
15th Floor Citibank Tower, 8741 Paseo de Roxas Makati City, 1200 Philippines
Tel. No. (632) 848-1412 Fax (632) 848-1411 Email: inquiry.pra.gov.ph Website: www.pra.gov.ph

Registration No.

PRA Receipt Date:

APPLICATION FOR REGISTRATION
(Pursuant to Sec. 6, Rule IV, of the Rules and Regulations
Implementing Executive Order No. 1037)

Please check : <input type="checkbox"/> Active Living Facility <input type="checkbox"/> Assisted Living Facility	Name of Facility:
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Address:	Year Established:
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Province:	City:	Municipality:	Website:
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Telephone:	Mobile:	Fax:	Email:
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Contact Person : Last Name	First Name	Middle Name
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Telephone:	Mobile:	Fax:	Email:
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Please provide descriptions of your facility's products and/or service offerings: (amenities, number of accommodations /bed capacity, description of the facility and adjoining sites/landmarks):

Ownership Information:

Directors: _____ Nationalities: _____
 Nationalities: _____

Officers: _____ Nationalities: _____
 Names _____

Partners' (if any): _____ Nationalities: _____
 Names _____

Facility Information:

Retirees / Residents: (number)
 Per Nationality: Japanese _____ Koreans _____ Chinese _____ Americans _____ Other Asians _____ Others _____
 Per Status: Active: _____ Requiring assisted living: _____ Requiring continuing health care: _____

Health Workers and Support Personnel: (number)

Doctors: _____ Nurses _____ Caregivers: _____ Therapists _____ Specialists _____ Others _____

Health related services offered: (please check)

- Administration of medication:
- Skin care and hygiene:
- Feeding of clients and nutrition:
- Oral hygiene and prosthetics:
- Routine medical or therapy procedure:
- Rehabilitation and Palliative care:
- Others (Please specify)

Cost of Services (Please indicate in monthly, weekly, daily or per service- basis)

Other support services: (please check)

- Board
- Lodging
- Board and lodging
- Laundry
- Handling of personal funds of the retiree
- Arranging specific medical/health-related social and transportation services
- Others (Please specify)

Cost of Services: (Please indicate in monthly, weekly, daily or per service-basis)

Amenities in the facility:
(please check)

- 24-hr room service (tray service to suites)
- Air conditioned rooms
- Airport shuttle
- Ambulance
- Badminton or Squash
- Banquet facilities
- Beachfront
- Beauty/barber shop
- Bike or hiking trail
- Children's playground
- Concierge
- Conference or function room
- Convenience or grocery store
- Church or chapel

- Dining facility or restaurant
- Game rooms or Bingo
- Golf Course
- Health Club or Gym
- Hospital
- Indoor Parking
- Indoor pool
- Internet Access
- Laundry Service
- Library
- Medical Clinic
- Mountain biking
- Non-smoking rooms
- Outdoor pool
- Outside Parking

- Pets allowed
- Pharmacy
- Picnic area
- Postal outlet
- Racquetball
- Satellite or cable TV
- Shuttle service; Transportation to appointments or outings
- Spa and Massage
- Tennis Court
- Valet Parking
- Water sports
- Wheelchair accessible
- Others (Please specify):

Place passport size photo of contact person taken not more than 6 months ago

By affixing my signature, I hereby certify that the information above are true and correct and that any misrepresentation on my part will be ground for denial of this registration:

Signature of Applicant (Chief Operating Officer or Designated Contact Person)

Date Signed

PRA Use only:

Processed by: _____

Date signed: _____

Recommended for Approval: _____

Date signed: _____

APPROVED: _____

Date signed: _____