

	APPLICATION FOR ACCREDITATION (Form PRA-MKT-2007-001)			Application No. _____
	Republic of the Philippines BOARD OF INVESTMENTS PHILIPPINE RETIREMENT AUTHORITY 29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel. No. (632) 848-1412 Fax (632) 848-1411 Email: inquiry@pra.gov.ph Website: www.pra.gov.ph			PRA Receipt Date: _____
Please check one: <input type="checkbox"/> Project <input type="checkbox"/> Active Living Facility <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Merchant Partner <input type="checkbox"/> Marketer		Company Name _____		
Company Address (No Post Office Box please) _____			Year Established _____	
City _____	Postal Code _____	Country _____	Website _____	
Telephone _____	Telephone _____	Fax _____	Email _____	
Company Address in the PHILIPPINES (No Post Office Box please) _____			Year Established _____	
City _____	Postal Code _____	Province _____	Website _____	
Contact Last Name _____		First Name _____	Middle Name _____	
Telephone _____	Mobile _____	Fax _____	Email _____	
In case of merchant partner, please indicate products or services provided (<i>Maximum only 3 categories will be accepted</i>):				
<input type="checkbox"/> Accounting Services and / or Systems <input type="checkbox"/> Advertising, Publications, Printing <input type="checkbox"/> Architects <input type="checkbox"/> Auto repair <input type="checkbox"/> Barber or Beauty Shop <input type="checkbox"/> Bathing Equipment and /or Supplies <input type="checkbox"/> Beds, Bedding, Mattresses <input type="checkbox"/> Catering, Food Services <input type="checkbox"/> Computers, Software <input type="checkbox"/> Construction, Renovation <input type="checkbox"/> Dental Services <input type="checkbox"/> Education & Training Programs <input type="checkbox"/> Electrical <input type="checkbox"/> Financing, Financial Institutions <input type="checkbox"/> Funeral Homes, Cemeteries <input type="checkbox"/> Furniture, furnishings <input type="checkbox"/> Healthcare / Home Care Staffing & Services <input type="checkbox"/> Heating, Air-Conditioning, Ventilating Systems <input type="checkbox"/> Home Appliances & Repair <input type="checkbox"/> Hospital <input type="checkbox"/> Housekeeping Services and / or Supplies <input type="checkbox"/> Infection Control <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Interior Design		<input type="checkbox"/> Laboratory Services <input type="checkbox"/> Landscaping & Gardening <input type="checkbox"/> Laundry Service <input type="checkbox"/> Legal Services <input type="checkbox"/> Massage Therapists <input type="checkbox"/> Medical Care & Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Moving & Storage <input type="checkbox"/> Office Equipments <input type="checkbox"/> Pest Control <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Plumbing <input type="checkbox"/> Real Estate Appraisers <input type="checkbox"/> Real Estate Broker/Marketer <input type="checkbox"/> Real Estate Developer <input type="checkbox"/> Restaurants <input type="checkbox"/> Safety Inspections <input type="checkbox"/> Security & Safety Systems <input type="checkbox"/> Security Agency <input type="checkbox"/> Signage <input type="checkbox"/> Spa <input type="checkbox"/> Transportation Services <input type="checkbox"/> Travel & Tours <input type="checkbox"/> Others: _____		
Place passport size photo of contact here 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 application: _____ Signature of Applicant		PRA Use only: Processed by: _____ Date signed: _____ Recommended for Approval: _____ Date signed: _____	
	_____ Date Signed		APPROVED: _____ Date signed: _____	

Please provide a 35-word or less description of your company's products or services.

In case of Active Living Facility, Village, or Resort, please check amenities offered:

- 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 playground
- Concierge
- Conference or function room
- Convenience or grocery store
- Church or chapel
- Dining facility or restaurant
- Games room 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
- Valet parking
- Water sports
- Wheelchair accessible

In case of Assisted Living Facility or Nursing Home, please check health and personal services offered:

- Assistance with activities of daily living, e.g. grooming, dressing, bathing, etc
- Specialized Alzheimer Care
- Convalescent Care
- Day Program
- Emergency Response System
- Friendly Visiting
- Housekeeping
- Incontinence Management
- Daily meals and snacks, special diets accommodated
- Medication Management
- Nursing Care
- Occupational Therapy

- Oxygen
- Palliative Care
- Psycho-Social Rehabilitation
- Physiotherapy
- Rehabilitation Care
- Registered Nurse On Staff
- Respite Care
- Special or Intensive Care Unit
- Speech Therapy
- 24-hour Supervision
- Telephone Reassurance

1. How did you learn about the PRA?

- PRA Website Brochure PRA Newsletter Newspaper Magazine
- Friends, families, or associates TV Marketer Other Website
- Others. Please specify: _____.