

	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:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 24-hr room service; tray service to suites <input type="checkbox"/> Air conditioned rooms <input type="checkbox"/> Airport shuttle <input type="checkbox"/> Ambulance <input type="checkbox"/> Badminton or Squash <input type="checkbox"/> Banquet facilities <input type="checkbox"/> Beachfront <input type="checkbox"/> Beauty/barber shop <input type="checkbox"/> Bike or hiking trail <input type="checkbox"/> Children playground <input type="checkbox"/> Concierge <input type="checkbox"/> Conference or function room <input type="checkbox"/> Convenience or grocery store <input type="checkbox"/> Church or chapel <input type="checkbox"/> Dining facility or restaurant <input type="checkbox"/> Games room or Bingo <input type="checkbox"/> Golf course <input type="checkbox"/> Health club or gym <input type="checkbox"/> Hospital <input type="checkbox"/> Indoor parking <input type="checkbox"/> Indoor pool | <ul style="list-style-type: none"> <input type="checkbox"/> Internet access <input type="checkbox"/> Laundry Service <input type="checkbox"/> Library <input type="checkbox"/> Medical clinic <input type="checkbox"/> Mountain biking <input type="checkbox"/> Non-smoking rooms <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Outside parking <input type="checkbox"/> Pets allowed <input type="checkbox"/> Pharmacy <input type="checkbox"/> Picnic area <input type="checkbox"/> Postal outlet <input type="checkbox"/> Racquetball <input type="checkbox"/> Satellite or cable TV <input type="checkbox"/> Shuttle service. Transportation to appointments or outings. <input type="checkbox"/> Spa and massage <input type="checkbox"/> Tennis <input type="checkbox"/> Valet parking <input type="checkbox"/> Water sports <input type="checkbox"/> Wheelchair accessible |
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In case of Assisted Living Facility or Nursing Home, please check health and personal services offered:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Assistance with activities of daily living, e.g. grooming, dressing, bathing, etc <input type="checkbox"/> Specialized Alzheimer Care <input type="checkbox"/> Convalescent Care <input type="checkbox"/> Day Program <input type="checkbox"/> Emergency Response System <input type="checkbox"/> Friendly Visiting <input type="checkbox"/> Housekeeping <input type="checkbox"/> Incontinence Management <input type="checkbox"/> Daily meals and snacks, special diets accommodated <input type="checkbox"/> Medication Management <input type="checkbox"/> Nursing Care <input type="checkbox"/> Occupational Therapy | <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen <input type="checkbox"/> Palliative Care <input type="checkbox"/> Psycho-Social Rehabilitation <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Rehabilitation Care <input type="checkbox"/> Registered Nurse On Staff <input type="checkbox"/> Respite Care <input type="checkbox"/> Special or Intensive Care Unit <input type="checkbox"/> Speech Therapy <input type="checkbox"/> 24-hour Supervision <input type="checkbox"/> 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: _____.