

APPLICATION FORM

SPECIAL INVESTOR'S RESIDENT VISA (PRINCIPAL)

SIRV-Principal
Application Fee - US\$300.00

SIRV Control No. _____
 (To be filled up by BOI)

OR Number _____

Date Received _____

Time Received _____

Received by: _____

IMPORTANT

This form shall be filled out properly and completely and be submitted directly to the **Board of Investments or Phil. Foreign Service Post**. Incomplete forms will not be accepted and deliberate omission or distortion of information may be ground for denial of the application. The following supporting documents should be submitted together with this application

- a) Inward remittance of at least US\$75,000 to Land Bank of the Phils. (Buendia Branch) OR Development Bank of the Phils. (Head Office); Certified true copy of Time Deposit Certificate for at least of 30 days shall be directly forwarded to the Board of Investments
- b) Medical Certificate valid for 6 months from filing of application
- c) Authenticated Police Clearance/NBI Clearance/NICA Clearance valid for 6 months from filing of application. NICA Clearance for applications filed at Phil. Foreign Service Posts shall be submitted upon arrival of SIRV holder
- d) Accomplished Personal History Statement Form from National Intelligence Coordinating Agency (NICA)
- e) Authenticated SIRV Deed of Undertaking (Applicable to applications filed at the Phil. Foreign Service Posts)
- f) Authenticated Birth Certificate/Household Registry
- g) Authenticated Marriage Contract
- h) Valid passport and visa

2 x 2 inches
PHOTOGRAPH
 taken not more than
 Six (6) months ago

PERSONAL DETAILS

LAST NAME		FIRST NAME		MIDDLE NAME		CHRISTIAN NAME	
CURRENT ADDRESS ABROAD						TEL. NO.	FAX NO.
ADDRESS IN THE PHILIPPINES						TEL NO.	FAX NO.
PASSPORT NUMBER OF APPLICANT		DATE ISSUED		PLACE ISSUED		EXPIRY DATE	
TYPE OF VISA		DATE ISSUED		PLACE ISSUED		EXPIRY DATE	
DATE OF BIRTH		PLACE OF BIRTH		CIVIL STATUS		MEDICAL CERTIFICATE My examination was specifically made for evidence of any of the following conditions: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CLASS "A" I. Dangerous/Contagious diseases A. Leprosy B. Gonorrhea C. Granuloma inguinale D. Lymphoranoloma venereum E. Syphilis F. Chancroid G. Tuberculosis </div> <div style="width: 45%;"> II. Mental Conditions A. Mental deficiency B. Insanity C. Psychopathic personality D. Chronic alcoholism E. Sexual deviation F. Mental defect G. Narcotic drug addict </div> </div> CLASS "B" Physical defect, diseases, or disability serious in degree or permanent in nature amounting to: A. Substantial departure from normal physical well-being; B. Inability to function or move around without assistance CLASS "C" Minor conditions (as diagnosed)	
HEIGHT		WEIGHT		SEX			
EDUCATIONAL ATTAINMENT							
PRESENT /FORMER OCCUPATION							
NAME OF SPOUSE		AGE		NATIONALITY		<div style="border: 1px solid black; padding: 5px;"> My findings are as follows: <input type="checkbox"/> 1. No defect, diseases or disability <input type="checkbox"/> 2. Defect, diseases or disability as follows: (Give Class A, B, or C, diagnosis and details. Use separate sheet if needed) </div>	
Names of children under 21 years Old		AGE		NATIONALITY			
1.							
2.							
3.							
4.							
I certify under penalty of perjury under the laws of the Philippines that the above information supplied, and documentary evidences submitted in connection with my application for Special Investor's Resident Visa are true and correct.							
SIGNATURE OF APPLICANT _____				DATE _____			
REPUBLIC OF THE PHILIPPINES City/Province of _____ SUBSCRIBED AND SWORN TO BEFORE ME this ____ day of _____ in the City/Province of _____ affiant exhibited his/her _____ No. _____ issued at _____ on _____. Doc No. _____ Book No. _____ Page No. _____ Series of _____							
NOTARY PUBLIC							
NAME OF CLINIC/HOSPITAL/ADDRESS _____							
NAME OF EXAMINING PHYSICIAN _____ LICENSE NO. _____							
SIGNATURE _____						DATE _____	