

Republic of the Philippines
DEPARTMENT OF TRADE AND INDUSTRY
BOARD OF INVESTMENTS

385 Sen. Gil Puyat Avenue, Makati City 1200 Philippines
Tel. Nos. (632) 890-9335, (632) 897-6682 loc 234 – Fax No. (632) 896-8236 E-Mail: SIRV@boi.gov.ph

BOI FORM SIRV-001A

Application Fee - US\$300.00

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

OR Number _____

Date Received _____

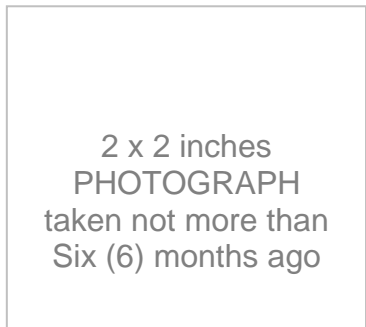
Time Received _____

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
- i) Pictures (6 pcs 1 x 1 ; 6 pcs 2 x 2)



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		NATIONALITY	
TYPE OF VISA		DATE ISSUED		PLACE ISSUED		EXPIRY DATE		ISSUING AGENCY	

DATE OF BIRTH		PLACE OF BIRTH		CIVIL STATUS	
HEIGHT		WEIGHT			
EDUCATIONAL ATTAINMENT					
PRESENT /FORMER OCCUPATION					
NAME OF SPOUSE		AGE		NATIONALITY	
Names of children under 21 years Old		AGE		NATIONALITY	
1.					
2.					
3.					
4.					

MEDICAL CERTIFICATE

My examination was specifically made for evidence of any of the following conditions:

CLASS "A"

- I. Dangerous/Contagious diseases
- A. Leprosy
 - B. Gonorrhoea
 - C. Granuloma inguinale
 - D. Lymphoranoloma venereum
 - E. Syphilis
 - F. Chancroid
 - G. Tuberculosis

II. Mental Conditions

- A. Mental deficiency
- B. Insanity
- C. Psychopathic personality
- D. Chronic alcoholism
- E. Sexual deviation
- F. Mental defect
- G. Narcotic drug addict

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)

My findings are as follows:

1. No defect, diseases or disability
2. Defect, diseases or disability as follows: (Give Class A, B, or C, diagnosis and details. Use separate sheet if needed)

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

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)	
NAME OF CLINIC/HOSPITAL/ADDRESS	
NAME OF EXAMINING PHYSICIAN	LICENSE NO.
SIGNATURE	DATE