Republic of the Philippines
DEPARTMENT OF TRADE AND INDUSTRY

BOARD OF INVESTMENTS

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

BOI FORM SIRV-001B

Application Fee – **US$300.00**

☐ Spouse ☐ Child

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 for **spouse and dependents** should be submitted together with this application

a) Medical Certificate valid for 6 months from date of filing of application
b) Authenticated Police Clearance/NBI Clearance/NICA clearance valid for 6 months from date of filing of application. NICA Clearance for applications filed at Phil. Foreign Service Post shall be submitted upon arrival of SIRV holder.
c) Accomplished Personal History Statement Form from National Intelligence Coordinating Agency (NICA)
d) Authenticated Birth Certificate/Household Registry
e) Authenticated Marriage Contract
f) Valid passport and visa
g) Pictures (6 pcs 1 x 1 ; 6 pcs 2 x 2)

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	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.		

I certify under penaltyof 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

MEDICAL CERTIFICATE

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

CLASS "A"

II. Dangerous/Contagious diseases
- H. Leprosy
- I. Gonorrhea
- J. Granuloma inguinale
- K. Lymphoranuloma venereum
- L. Syphillis
- M. Chancroid
- N. Tuberculosis

II. Mental Conditions
- H. Mental deficiency
- I. Insanity
- J. Psychophatic personality
- K. Chronic alcoholism
- L. Sexual deviation
- M. Mental defect
- N. Narcotic drug addict

CLASS "B"

Physical defect, diseases, or disability serious in degree or permanent in nature amounting to:
- C. Substantial departure from normal physical well-being;
- D. 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

NAME OF CLINIC/HOSPITAL/ADDRESS

NAME OF EXAMINING PHYSICIAN	LICENSE NO.
SIGNATURE	DATE