

NOTICE OF CLIENT REGISTRATION

This is to certify that _____, a/an _____, _____ **years** old and with
(Name of Principal Retiree-Applicant) (Nationality) (Age)
principal address at _____ has been notified/briefed about the
programs and assisted to obtain the Special Resident Retiree's Visa (SRRV) by the undersigned.

I hereby confirm that the above
information are true and correct.

Signature over printed name of
Retiree – Applicant

Mary Jane Gomez Visa Consultancy

Name of Accredited Marketer

Registration No. **173100631-1811**

Expires On **November 07, 2023**

Mary Jane Gomez Yang

Signature of Marketer/ Authorized Representative
above printed name

Validity of Accreditation verified by

Checked and verified by:

PRA Info Desk Officer

Front desk Officer

PRA OR No.

Date Issued

Finance Officer

DV No.

Date Issued

Noted by:

Department Manager III / OIC
Marketing Department

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