

**TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY**8th Flr., 142 Amorsolo St., Legaspi Village, Makati City 1229Website: www.tieza.com.phE - mail: tez.secretariat@gmail.com

Tel no.: (+632) 4639936 ; (+632) 5519556

T-IAD-SIRV

Application no. _____

SPECIAL INVESTOR'S RESIDENT VISA APPLICATION FORM**DIRECTION:**

1. Fill out the form properly and completely
2. Mark the box with "X" or "N/A" if not applicable. Do not leave any blank spaces
3. Write legibly on the application form
4. Application form with any erasure or alteration will not be accepted
5. Application form must be notarized upon submission
6. Requirements must be completely attached with the application form
7. To be accomplished in Triplicate copies

Attach your 2x2 colored photograph with white background using permanent glue in the permanent photograph box.

The photograph must be taken within the last three months from the date of application.

A scanned photograph is not allowed.
A photograph of the applicant wearing eyewear or headwear is not acceptable

TYPE OF APPLICATION

_____ PRINCIPAL

_____ SIRV DEPENDENT

METHOD OF APPLICATION

_____ PERSONAL

_____ AUTHORIZED REPRESENTATIVE

*For application filed by an authorized representative

Name: _____

Address: _____

Contact Information: Mobile/Landline: _____ E-mail: _____

APPLICANTS TRAVEL INFORMATION

NATIONALITY		PASSPORT NO.		PLACE OF ISSUANCE	
DATE OF ISSUE (dd/mm/yyyy)	DATE OF EXPIRY(dd/mm/yyyy)	DATE OF LATEST ARRIVAL(dd/mm/yyyy)	CARRIER NUMBER		

PERSONAL INFORMATION

LAST NAME		FIRST NAME			MAIDEN NAME		
ALIAS	DATE OF BIRTH (DD/MM/YYYY)	AGE	SEX	STATUS	HEIGHT (cm)	WEIGHT (kg)	
COUNTRY OF BIRTH	HOME COUNTRY ADDRESS				CONTACT NO. (HOME COUNTRY)		
PHILIPPINE ADDRESS			E-MAIL ADDRESS		CONTACT NO. (PHILIPPINES)		
NAME OF TEZ OR RTE			DESIGNATION / REGISTRATION NO.				

Last three years of residence
Period of Stay (mm/yyyy-mm/yyyy)

Address

1. _____
2. _____
3. _____

FAMILY MEMBER INFORMATION*(Applicant may use extra sheet if needed)***SPOUSE**

LAST NAME		FIRST NAME			MAIDEN NAME		
ALIAS	DATE OF BIRTH (DD/MM/YYYY)	AGE	SEX	STATUS	NATIONALITY		
PLACE OF BIRTH	HOME COUNTRY ADDRESS				CONTACT NO. (HOME COUNTRY)		
PHILIPPINE ADDRESS			E-MAIL ADDRESS		CONTACT NO. (PHILIPPINES)		
PASSPORT NUMBER OF APPLICANT	PLACE OF ISSUE	DATE OF ISSUE (DD/MM/YYYY)			DATE OF EXPIRY (DD/MM/YYYY)		
INCLUDED IN THE APPLICATION?							
YES NO							

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CHILDREN (not more than 18 years of age)

LAST NAME		FIRST NAME			MAIDEN NAME	
ALIAS		DATE OF BIRTH (DD/MM/YYYY)	AGE	SEX	STATUS	NATIONALITY
PLACE OF BIRTH		HOME COUNTRY ADDRESS			CONTACT NO. (HOME COUNTRY)	
PHILIPPINE ADDRESS			E-MAIL ADDRESS		CONTACT NO. (PHILIPPINES)	
PASSPORT NUMBER OF APPLICANT	PLACE OF ISSUE		DATE OF ISSUE (DD/MM/YYYY)		DATE OF EXPIRY (DD/MM/YYYY)	
INCLUDED IN THE APPLICATION?						
YES NO						

I hereby certify that these are true and correct statements including those of my spouse and unmarried children below eighteen (18) years of age living in my household to the best of my knowledge.

I hereby authorize TIEZA or his/her duly authorized representative/s to obtain and secure from all appropriate government agencies, including my DEPOSITORY BANK/s such documents that may show my assets, liabilities, net worth, business interests and financial connections covering previous years to include the year I first applied for TSIRV.

Applicant's Signature over Printed Name

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, affiant exhibiting to me his/her government issued identification card.

Doc. No. _____

Series No. _____

Book No. _____

Notary Public

Application and Documents Reviewed by:

Name of Verifier

Signature

Date

Comments / Remarks:

