



BROKER'S APPLICATION FORM

Revised Form Version Date 11.06.14

NEW APPLICATION

RENEWAL

RECEIVED BY: _____

DATE RECEIVED: _____

FOCUS PROJECT/S: _____

CLUSTER: _____

Note: UPON SUBMISSION OF COMPLETE REQUIREMENTS, PLEASE ALLOW 3 WORKING DAYS TO PROCESS YOUR ACCREDITATION.

COMPANY PROFILE

BUSINESS NAME: _____ CORPORATION OWNED SOLE PROPRIETOR

BUSINESS OWNER: _____ COMPANY TIN NO. _____

AUTHORIZED REPRESENTATIVE: _____ DESIGNATION: _____

OFFICE ADDRESS: _____ EMAIL ADD/WEBSITE: _____

OFFICE TEL. NO.: _____ LOCAL: _____ MOBILE #: _____ FAX #: _____

PERSONAL PROFILE

COMPLETE NAME: _____ POSITION: LEAD BROKER GROUP MANAGER

Last Name First Name Middle Name

MOTHER'S MAIDEN NAME: _____ NICKNAME: _____ TIN NO: _____

HOME ADDRESS: _____ CIVIL STATUS: _____ SEX: _____ EDUCATIONAL ATTAINMENT: _____

HOME PHONE #: _____ MOBILE #1: _____ SINGLE MALE COLLEGE

EMAIL ADD: _____ MOBILE #2: _____ MARRIED FEMALE HIGH SCHOOL

DATE OF BIRTH (MM/DD/YY): _____ PLACE OF BIRTH: _____ OTHERS _____ OTHERS

PRC REB LICENSE NO: _____ EXPIRY DATE (MM/DD/YY): _____ CITIZENSHIP: _____

MODE OF TRANSPORTATION: HAS OWN CAR TAKES PUBLIC TRANSPORTATION

TRACK RECORD IN REAL ESTATE

NO. OF YRS IN REAL ESTATE BUSINESS: _____ NO. OF YEARS THE REALTY FIRM HAS BEEN IN OPERATION: _____

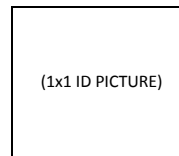
BROKER ORGANIZATION/STRUCTURE: _____ TOTAL NO. OF MANAGERS: _____ TOTAL NO. OF SALES PERSONS: _____

COMPANY / LOCATION	INCLUSIVE DATE		PROJECT	YEARS OF EXPERIENCE	NO. OF UNITS SOLD	TOTAL SALES VALUE
	FROM	TO				

ACKNOWLEDGEMENT

I hereby commit to abide by, and/or to the following basis of my accreditation:

- Abide by the Rules and Regulations and Code of Ethics governing Filinvest accredited agents.
- Attain the required sales production set by Promax management
- Actively participate in sales and marketing activities
- Obtain licenses and permits as required by Law and Promax management



SIGNATURE OVER PRINTED NAME

DATE

FOR PROMAX USE ONLY

BROKER CLASSIFICATION	REFERENCE CHECK	STATUS OF APPLICATION	SALES RECRUITMENT – ACCREDITATION	BROKERS ORIENTATION PROGRAM
<input type="checkbox"/> ALLIED	CMAP <input type="checkbox"/> CLEARED <input type="checkbox"/> HIT	<input type="checkbox"/> APPROVED	DATE PROCESSED: _____	TRAINING DATE: _____
<input type="checkbox"/> VALUED	NFIS <input type="checkbox"/> CLEARED <input type="checkbox"/> HIT	<input type="checkbox"/> DISAPPROVED	PROCESSED BY: _____	TRAINING VENUE: _____
<input type="checkbox"/> CORE	OTHERS <input type="checkbox"/> CLEARED <input type="checkbox"/> HIT	<input type="checkbox"/> CONDITIONAL	APPROVED BY: _____	TRAINER: _____
<input type="checkbox"/> LEAD	REMARKS: _____		SELLER CODE: _____	BSM/BSO: _____
SIG: _____				