



IN - HOUSE SELLERS ACCREDITATION FORM

POSITION APPLIED FOR: BP BA SE PROJECT FOCUS: _____

<input type="checkbox"/> LAGUNA	<input type="checkbox"/> QUEZON	<input type="checkbox"/> DAVAO
<input type="checkbox"/> CAVITE	<input type="checkbox"/> CEBU	<input type="checkbox"/> GENSAN
<input type="checkbox"/> BULACAN	<input type="checkbox"/> ILOILO	<input type="checkbox"/> ZAMBOAGA
<input type="checkbox"/> RIZAL	<input type="checkbox"/> NEGROS OCCIDENTAL	

PERSONAL PROFILE (please write in ALL CAPS using BLACK INK)

Full Name:

Last Name First Name Middle Name

Home Address:

Business Address:

Contact No.:	Mobile No.:	Email Add.:
Date of Birth:	TIN:	PRC Real Estate Lic. No.:
Citizenship:	Gender:	Civil Status:
Educational Attainment: <input type="checkbox"/> Post Graduate <input type="checkbox"/> College <input type="checkbox"/> High School	No. of Units: _____	

Name of Spouse:

Name of Children / Dependents	Name of Children / Dependents

TRACK RECORD IN REAL ESTATE

No. of years in Real Estate:	Supervising Broker:
Name of Broker Firm:	

PROPERTIES SOLD

Project Name	Location	Property Type	No. of Units Sold	Peso Value

MEMBERSHIP IN REAL ESTATE ORGANIZATIONS

Organization	Position	Date Joined

PERSON TO CONTACT IN CASE OF EMERGENCY

Name	
Address	
Contact Number	

SPONSOR

Division Name:	BP:	BA:
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My accreditation is for one (1) year and renewable or promotable depending on my performance and I understand that my accreditation to a project focus can be transferable but subject for approval. I therefore certify that the information provided herein are true and correct to the best of my knowledge and understand that any false statement or deviations from the company's Code of Ethics shall be grounds for the cancellation of my accreditation.

Privacy Notice: I agree to OPMC's Privacy Policy and give full consent to collect necessary data from me to process my transaction with the company.
(To read the Privacy Policy, please visit www.opmc.ph/privacy-policy)

1x1 ID Picture		FOR OPMC USE ONLY	
		Date of Orientation: _____	Trainer: _____
		BPI No.:	ID No.:
		Approved by: _____	
Printed Name:	Date:	Accreditation Date:	Accreditation Number:

Please sign inside the box and avoid signing over the lines.