



# IN - HOUSE SELLERS ACCREDITATION FORM

POSITION APPLIED FOR:	<input type="checkbox"/> BP	<input type="checkbox"/> BA	<input type="checkbox"/> SE	PROJECT FOCUS: _____
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<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"/> ZAMBOANGA
<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:		TIN No.:
Business Address:		PRC Real Estate Lic. No.:
Contact No.:	Mobile No.:	Email Add.:
Date of Birth:	Place of Birth:	Religion:
Citizenship:	Gender:	Civil Status:

Educational Attainment:	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> College	<input type="checkbox"/> HighSchool	No. of Units: _____
Name of School: _____		Address: _____		Course: _____

Name of Spouse:		Occupation:	
Children / Dependents	Birthdate	Children / Dependents	Birthdate

**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. Units Sold	Peso Value

**MEMBERSHIP IN REAL ESTATE ORGANIZATIONS**

Organization	Position	Date Joined

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name	
Address	
Phone No.	

**SPONSOR**

Division Name	Business Partner:
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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.

1x1 ID Picture		<b>FOR OPMC USE ONLY</b>	
	Signature over Printed Name	Date of Orientation: _____ Trainer: _____	
		Status of Application: <input type="checkbox"/> Pending <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved - renewable for one (1) year	
	Date	BPI No.:	Approved by:
		ID No.:	