

Purok 3, General Trias Drive, Brgy. Tejero. City of General Trias, Cavite 4107 Tel: (046) 437-8114 / (046) 509-0400

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LICENSED REAL ESTATE BROKER ACCREDITATION FORM

		PROFILE					
AFFILIATION			Sole	Proprietorship Part	nership (Corporation	
					GENDER	Male	
LAST NAME FIRST NAME MIDDLE NAM			SUFFIX		Female		
COMPLETE PRESENT ADDRESS							
HOUSE NO. STREET DATE OF BIRTH (mm/dd/yyyy)	DISTRICT/TOWN BIRTHPLACE			CITY/ PROVINCE ZIP CODE NATIONALITY			
SALE OF BRAIN (IIIIII)	Biittiii EAGE	•		IVATIONALITY			
PASSPORT NUMBER	ISSUED BY (Name of Government Agency)			PLACE ISSUED	VALID FROM VALID TO		
HOME PHONE MOBILE PHONE				EMAIL ADDRESS			
TAX IDENTIFICATION NUMBER (TIN)				SOCIAL SECURITY NUMBER			
	IFORMAT	· ·					
REALTY NAME		AUHTORIZED REPRESE	NIAIIVE	DESIGNATION	AFFILIATI	ON DATE	
BUSINESS ADDRESS				LICENSE NUMBER			
BLDG. NO. STREET DISTRICT/TOWN CITY/PROVINCE ZIP CODE BUSINESS PHONE MOBILE PHONE				ISSUED BY (Name of Gov/t Agency) PLACE ISSUED			
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MAIL ADDRESS TIN NUMBER				VALID FROM	VALID TO		
	LIST	OF REQUIREMENTS	3				
 Properly filled-out and signed - LICENSED RE 	AL ESTATE BRO	OKER ACCREDITATION FO	ORM				
 Photocopy of Real Estate Broker's License (Pl 	RC)						
 Photocopy of VAT Registration or Proof of TIN 	or BIR Form 230)3					
 ID pictures with white background in business 	attire - 2 pcs. Eac	ch of 2 x 2 and 1 x 2 sizes					
 Additional requirement if to be named under a 	company: DTI Re	egistration or SEC Registrat	tion or Articles	of Incorporation			
	BROK	(ER'S CONFORMIT)	(
I hereby confirm that all information given above are tru	ie and correct. I ເ	understand that any false in	formation her	ein may be grounds for O	JR Bank and it	ts assign to	
disapprove my application for accreditation.							
Further, I agree that my commission will be subject to 59	% withholding tax	as a Licensed Broker.					
SIGNATURE OF AC	CCREDITED BROKI	ER OVER PRINTED NAME		DATE			