



S2 & S3 2<sup>nd</sup> Floor iL Centro Mall (Beside Sta. Lucia East Grand Mall)  
San Isidro Cainta, Rizal 1900  
Tel. No. (02) 8650-8674 / (02) 8997-9965

## BROKERS / SALESPERSONS AFFILIATION FORM

### PERSONAL INFORMATION

FULL NAME: (LAST, FIRST, MIDDLE NAME)	
COMPLETE ADDRESS:	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> DIVORCED
CONTACT NOS.: (LANDLINE, MOBILE, TELEFAX)	
DATE OF BIRTH:	EMAIL ADDRESS:

### REQUIREMENTS

IF SALESPERSON – NAME OF SUPERVISING BROKER		
LICENSE NO OF SUPERVISING BROKER		
<input type="checkbox"/> 2x2 ID PICTURE (1 PIECE)	<input type="checkbox"/> TAX IDENTIFICATION NO.	<input type="checkbox"/> PHOTOCOPY OF GOVERNMENT ISSUED ID
<input type="checkbox"/> PHOTOCOPY OF PRC LICENSE OR HLURB / DHSUD ID		

### REQUISITES FOR ACCREDITATION

1. Submission of FULLY ACCOMPLISHED Accreditation Form
2. Attend the ACCREDITATION SEMINAR of SLLI Global Marketing Inc.
3. Submission of all Requirements as above stated

I, \_\_\_\_\_, of legal age, hereby express my desire to apply for accreditation with SLLI Global Marketing Inc. as a \_\_\_\_\_. As a licensed practitioner, I fully understand and agree to adhere to the Code of Ethics of the Real Estate profession as well as the rules & regulations of SLLI Global Marketing Inc.

For my services, I shall be entitled to receive a commission equivalent to \_\_\_\_% or the Net Total Contract Price of all Sta. Lucia properties I sell minus the applicable taxes to be withheld.

I am aware that the validity of my accreditation with SLLI Global Marketing, Inc. as a Broker/Salesperson shall automatically be suspended upon the expiration of my Broker's/Salesperson's License and shall be restored upon renewal of such license unless otherwise my accreditation is cancelled by virtue of my voluntary resignation or by my termination for cause. During the period of my accreditation, I express my agreement to take responsibility for the acts of all Customer Referral Specialists under my group.

I further certify that I have not been convicted of any crime and that all information declared in this Brokers / Salespersons Affiliation Form are true to the best of my knowledge and that any misrepresentation of the facts above indicated may be taken against me and used as grounds for the automatic termination of my accreditation with the company.

Noted by:  
Recruiter \_\_\_\_\_  
Name & Signature

Position of Recruiter \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

#### TO BE FILLED OUT BY SLLI GLOBAL MARKETING INC.

Date of Seminar: \_\_\_\_\_

Signature of Training Officer \_\_\_\_\_