

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

CUSTOMER REFERRAL SPECIALIST AFFILIATION FORM

PERSONAL INFORMATION			
FULL NAME: (LAST, FIRST, MIDDLE NAME)			
COMPLETE ADDRESS:			
GENDER: ☐ MALE ☐ FEMALE	CIVIL STATUS 🔲 SIN	igle 🗖 marr	IED ☐ WIDOW/ER ☐ DIVORCED
CONTACT NOS.: (LANDLINE, MOBILE, TELEFAX)			
DATE OF BIRTH:	EMAIL ADDRESS:		
PROFESSIONAL INFORMATION			
EDUCATIONAL ATTAINMENT: 🚨 HIGH	SCHOOL GRAD 🗖 SON	ME COLLEGE 📮	COLLEGE GRAD
LAST SCHOOL ATTENDED:			
COURSE / MAJOR:			
REQUIREMENTS			
NAME & LICENSE OF SUPERVISING BROKER:			
☐ 2x2 ID PICTURE (1 PIECE)	TAX IDENTIFICATION NO.	☐ PHOT	OCOPY OF GOVERNMENT ISSUED ID
REQUISITES FOR ACCREDITATION			
 Submission of COMPLETELY ACCOMPLISHED accreditation form. Attend the ACCREDITATION SEMINAR of SLLI Global Marketing Inc. Attendance in the FOLLOW-UP TRAINING PROGRAMS of the company as required 			
□ Basics of Prospecting□ Qualifying Prospective Buyers	☐ Scope of Work an Customer Referra		☐ Introduction to the RESA Law☐ Basic Computation
I,			
Noted by:			
Recruiter Name & Signature			gnature of Applicant)
Position of Recruiter			GLOBAL MARKETING INC.
Division:	Date of Seminar:	Signa	ature of Training Officer