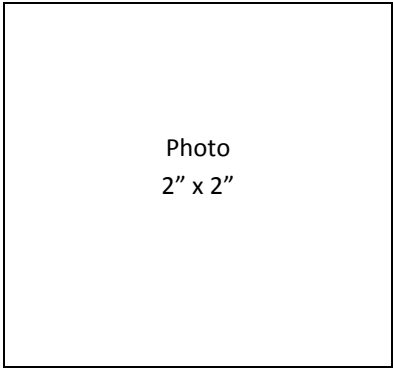




**REAL ESTATE BROKER ACCREDITATION FORM**  
(For Sole Proprietorship/Partnership/Corporation)



ACCREDITATION NO. : \_\_\_\_\_

**CLIENT INFORMATION**

Business Name					
Business Address (Building, Street, Barangay, City/Town/Municipality, Province, Country, ZIP Code)				Date of Registration with SEC (mm/dd/yyyy)	
Landline No. (Area Code + Phone No.)		Fax No. (Area Code + Phone No.)		Email Address	Website
Licensed Real Estate Broker's Last Name		Given Name (indicate name suffix i.e Jr., Sr., I, II)		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Age	Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	
Home Ownership <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Living w/ relatives <input type="checkbox"/> Others _____	Length of Stay in present address	TIN		GSIS/SSS No.	
	Landline No. (Area Code + Phone No.)		Mobile No. (Provider Code +Phone No.)	Email Address	
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Legally Separated/Divorced <input type="checkbox"/> Annulled	Spouse's Name (Last Name)		Given Name (indicate name suffix)		Middle Name
	Date of Birth (mm/dd/yyyy)		Age	TIN	
	Mobile No. (Provider Code +Phone No.)			Email Address	

**REAL ESTATE RECORD**

PRC License ID No.			Expiration Date (mm/dd/yyyy)		
PTR No.			Expiration Date (mm/dd/yyyy)		
APO Receipt No.			Expiration Date (mm/dd/yyyy)		
Years of Experience as Broker			Total Peso Value of Properties Sold to Date		
Field of Specialization: <input type="checkbox"/> House and Lot <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Others: _____ <input type="checkbox"/> Low Value <input type="checkbox"/> Medium Value <input type="checkbox"/> High Value			Area of Concentration: <input type="checkbox"/> Luzon <input type="checkbox"/> Visayas <input type="checkbox"/> Mindanao <input type="checkbox"/> Metro Manila <input type="checkbox"/> Others: _____		

<b>Brokers' Associations Affiliation or other Institutions Accredited:</b> (please indicate dates/ years)	1.
	2.
	3.

**CHARACTER REFERENCES**

Name	Relationship	Address	Contact No.	Occupation

I/We affirm that each of the statement made in this application is true and correct and agree to notify the Bank of any material change affecting the information contained herein. I/We authorize you to obtain and verify such information as may be required covering this application from above references of any other sources. I/We agree that all information obtained by the Bank shall remain its property whether or not this application is approved. I/We commit to abide by DBP's rules and regulations for broker accreditation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date