



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

## APPLICATION FOR ACCREDITATION

### PERSONAL INFORMATION

FULL NAME: (LAST, FIRST, MIDDLE NAME)			
LAST NAME	FIRST NAME	COMPLETE MIDDLE NAME	
COMPLETE ADDRESS:			
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS:		DATE OF BIRTH:
CONTACT NOS.: (LANDLINE, MOBILE NO.)			T.I.N.
EMAIL ADDRESS:			
LICENSED REAL ESTATE PRACTITIONER? <input type="checkbox"/> YES <input type="checkbox"/> NO			SPECIMEN SIGNATURE - PLEASE USE SIGN PEN ONLY (PLS DO NOT EXTEND BEYOND BORDER LINE)
<input type="checkbox"/> REAL ESTATE BROKER	PRC REGISTRATION NO.	EXPIRY DATE	
<input type="checkbox"/> SALESPERSON	NAME OF SUPERVISING BROKER		
NOTE: BROKERS & SALESPERSONS ARE REQUIRED TO SUBMIT A COPY OF THEIR PRC / DHSUD LICENSE			

### REQUISITES FOR ACCREDITATION

1. Submission of FULLY ACCOMPLISHED Accreditation Form
2. Attendance in the ACCREDITATION SEMINAR of SLLI Global Marketing Inc.
3. Submission of all requirements (I.D. Picture, T.I.N., License if applicable)

I, \_\_\_\_\_, of legal age, hereby express my desire to apply for accreditation with SLLI

NAME OF APPLICANT AGENT

Global Marketing Inc. as a

- SALES SPECIALIST       SALES DIRECTOR  
 SALES SPECIALIST BROKER       SALES DIRECTOR BROKER

As a real estate agent, I fully understand and agree to adhere to the Code of Ethics of the Real Estate profession. I also willfully agree to abide by the policies of SLLI Global Marketing Inc. as well as the implementing rules and regulations of the Real Estate Service Act (RESA Law).

For my services, I shall be entitled to receive the following commission rate based on the Net Total Contract Price of all Sta. Lucia properties I sell minus the applicable taxes to be withheld.

\_\_\_\_\_ % - for the first 3 paid-up sales  
 \_\_\_\_\_ % - for the next 3 paid-up sales  
 \_\_\_\_\_ % - beginning on the 7<sup>th</sup> and succeeding sales

**NOTE:**  
 Commission rates to be filled-up and countersigned by applicant's immediate superior

I am aware that the validity of my accreditation with SLLI Global Marketing, Inc. as an agent 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 all my acts as well as the acts of other sub-agents under my wing, if any.

I further certify that I have not been convicted of any crime and that all information declared in this Application 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.

I fully understand that nothing in this Application Form shall be construed that an employer-employee relationship exists between me and SLLI Global Marketing, Inc.

### IN CASE OF EMERGENCY (Required)

Name of Contact Person and Contact Number

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

### RECOMMENDING APPROVAL:

\_\_\_\_\_  
 Name of Immediate Superior  
 \_\_\_\_\_  
 Position of Immediate Superior  
 \_\_\_\_\_  
 Division / Group Name

### TRAINING DEPARTMENT APPROVAL

\_\_\_\_\_  
 Month & Year of Accreditation:  
 Assigned ID Number: \_\_\_\_\_ Certified by: \_\_\_\_\_  
 ID Issue Date \_\_\_\_\_ ID Expiration Date: \_\_\_\_\_