

AFP-RETIREMENT & SEPARATION BENEFITS SYSTEM
APPLICATION FOR ACCREDITATION
COMPANY BROKER

APPLICANT'S INFORMATION SHEET			
Company Name _____			Date Prepared _____
License Number _____ Number of years in the field of selling real estate properties _____			
Office Address			Telephone Number
No. _____	Street _____	Subdivision _____	Landline _____
			Mobile _____
District/Municipality _____		City/Province _____	Fax No. _____
		Zip Code _____	E-mail _____
Tax Identification Number _____	Community Tax Certificate		SEC/DTI Registration _____
	Number _____	Date _____	Place of Issue _____
Branch Address			Telephone Number _____
No. _____	Street _____	Subdivision _____	
District/Municipality _____		City/Province _____	Zip Code _____
AUTHORIZED REPRESENTATIVE			
First Name _____	Middle Name _____	Last Name _____	Designation _____
Home Address _____			Fax Number _____
			Present Position _____
I hereby certify that the above information are true and correct			
Applicant _____		Signature over printed name _____	