

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

| APPLICANT'S INFORMATION SHEET | | | | | | | |
|---|--|-------------|--|-------------------------------|--|--|--|
| First Name | | Middle Name | | Last Name | | Date Prepared | |
| License Number _____ | | | | | | Number of years in the field of selling real estate properties _____ | |
| Home Address | | | | | | Telephone Number | |
| No. | | Street | | Subdivision | | Barangay | |
| District/Municipality | | | | | | City/Province | |
| Employer / Business Name (If Applicable) | | | | | | Telephone Number | |
| Office / Business Address (PO Box is not acceptable) | | | | | | Fax Number | |
| Date of Birth | | Sex | | Civil Status | | Nationality | |
| | | | | Single Legally Separated | | | |
| | | | | Married Widow/Widower | | | |
| Tax Identification Number | | | Community Tax Certificate | | | Number of Dependents | |
| | | | Number Date Place of Issue | | | | |
| Residence Type | | | Educational Attainment | | | School Last Attended | |
| Living with Relatives Own House | | | Elementary College Post Graduate | | | | |
| Renting Company Quarters | | | High School Some College | | | | |
| Provincial Address | | | | | | Telephone Number | |
| No. | | Street | | Subdivision | | Barangay | |
| District/Municipality | | | | | | City/Province | |
| | | | | | | Zip Code | |
| SPOUSE PERSONAL DATA | | | | | | | |
| First Name | | Middle Name | | Last Name | | Date of Birth | |
| Sex | | Nationality | | Tax Identification Number | | Community Tax Certificate | |
| | | | | | | Number Date Place of Issue | |
| Employment Status | | | | Educational Attainment | | School Last Attended | |
| Employed Self-Employed Retired | | | | | | | |
| Professional Housewife | | | | | | | |
| Employer / Business Name | | | | | | Telephone Number | |
| Office Address (PO Box address is not acceptable) | | | | | | Fax Number | |
| | | | | | | Present Position | |
| I hereby certify that the above information are true and correct | | | | | | | |
| Applicant | | | | Signature over printed name | | | |