

SELLERS ACCREDITATION FORM

PERSONAL DATA

*LAST NAME		*FIRST NAME		*MIDDLE NAME		NICK NAME
*DATE OF BIRTH (MM/DD/YYYY)		*AGE	*GENDER	*CIVIL STATUS	*LICENSE/SALESPERSON NO.	CITIZENSHIP
*HOME ADDRESS						
House No.	Street/Village			Town / City	Province / ZIP	
*MOBILE NO.		HOME PHONE NO.		*EMAIL ADDRESS		
*SOURCE OF RECRUITMENT		*POSITION			*TAX IDENTIFICATION NUMBER	
*SALES CHANNEL	*FOCUS PROJECT	*MANAGER			*DIRECTOR	

EDUCATIONAL BACKGROUND

*HIGHEST EDUCATIONAL ATTAINMENT		*COURSE	
*SCHOOL		*YEAR GRADUATED	NO. OF YEARS

REAL ESTATE DEVELOPER ACCREDITATION HISTORY

YEAR	COMPANY	POSITION	ADDRESS

SDT Form_001 v02092021

Checklist of Requirements

- ☐ Data Privacy Consent Form
- ☐ Certificate of Registration (COR; BIR 2303)
- ☐ Authority to Print (ATP; BIR 1921)
- ☐ Copy and Original Booklet of Official Receipt (OR)
- ☐ Real Estate Salesperson/Broker License No. (PRC)
- ☐ NBI Clearance or Police Clearance
- ☐ Transcript of Records/Certified Copy of Grades (Registrar)
- ☐ Two (2) Pieces 2 x 2 ID Picture

Date of Submission

I hereby confirm that all information given in this Seller's Accreditation Form are true and correct. I hereby authorize PHirst Park Homes to validate the accuracy and completeness of the information stated above. I hereby acknowledge that I have no employer-employee relationship with PHirst Park Homes. Any and all misinterpretations herein contained as well as any violation of the rules and procedures and company policies of PHirst Park Homes shall be considered as valid grounds for the cancellation of my accreditation with PHirst Park Homes.

Signature over Printed Name

Date

For Accreditation Officer Only

Date Received:	Received by:	Date of Training:	BP Number:	Sellers Database Number:	Date of Accreditation:
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