SR. STO. NIÑO DE CEBU
RESOURCES & DEVELOPMENT CORPORATION

SALES DEPARTMENT
SELLERS APPLICATION FORM

I WOULD LIKE TO APPLY AS AN ACCREDITED : ☐ BROKER ☐ ASD ☐ SM ☐ SE

☐ RESIDENTIAL PROJECTS ☐ MEMORIAL PROJECTS

1 x 1 ID Picture

BRANCH:

☐ LIPA ☐ CANDELARIA ☐ BOCAUE
☐ SAN PABLO ☐ DASMARINAS ☐ ANTIPOLO
☐ CALAMBA

PERSONAL INFORMATION

Complete Name _____

Home Address _____

Contact Nos.: Land Line No. _____ Mobile No. _____ Email Add _____

Birthday _____ Place of Birth _____ Religion _____

Age _____ Sex _____ Nationality _____ Civil Status _____

Educational Attainment: ☐ Highschool ☐ College / Course _____ ☐ Post Graduate _____

Spouse Name _____ Occupation _____

Children / Dependents	Birthdate	Children / Dependents	Birthdate

TRACK RECORD IN REAL ESTATE SELLING

No. of Years in real Estate		Total Number of Sales Force	

PROPERTIES SOLD

Project	Location	No. of Units Sold	Pesos Value

FIELD OF SPECIALIZATION

☐ Socialized / Affordable ☐ Subdivision Lot ☐ Memorial
☐ Middle / High End ☐ Subdivision House & Lot ☐ Brokerage / Rawland

MEMBERSHIP IN ORGANIZATION

Organization	Position	Date Joined

REAL ESTATE TRAINING & SEMINAR ATTENDED

Training / Seminar	Date of Training / Seminar	Venue of Training/Seminar

I hereby commit to abide by and/or achieve the following as the basis of my accreditation:

** Abide by the SNRDC Rules & Regulation and Code of Ethics governing SNRDC agents*
** Attain the required sales production set by SNRDC Management*
** Actively participate in all SNRDC sales and marketing activities.*

I understand that failure to attain any of the aforementioned conditions and any false statement/information herein may be grounds for SNRDC to disapprove / terminate this application for accreditation

_____ Seller Signature Over Printed Name

_____ Branch Sales Manager

TO BE FILLED UP BY SNRDC REPRESENTATIVE / OFFICER

Status of Application: ☐ Approved ☐ Dispproved ☐ With Pending Concern

Commission Rate : _____ Date of Orientation _____ Trainor _____

ASD Name : _____ SM Name: _____

ID Number : _____ Approved by: _____ Date : _____

SD-FORM-12-02II