



BAYPORT WEST
NAIA GARDEN RESIDENCES

BROKER'S/SALESPERSON'S ACCREDITATION FORM

NAME OF PRINCIPAL BROKER/SALESPERSON (LAST NAME, FIRST NAME, MIDDLE INITIAL)				Date Applied	
RESIDENTIAL ADDRESS					
HOME TELEPHONE #		MOBILE #		EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY)		CITIZENSHIP		STATUS	TIN #.
COMPANY NAME/ BROKER AFFILIATION				PRC LICENSE #	
OFFICE ADDRESS					
OFFICE TELEPHONE #		FAX #		WEBSITE/BUSINESS EMAIL ADDRESS/FACEBOOK PAGE	
TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION					
NAME OF PARTNERS/INCORPORATORS (FOR PARTNERSHIPS AND CORPORATIONS ONLY)					
NAME		MOBILE #:	PRC LICENSE #		POSITION/ DESIGNATION
1					
2					
3					
4					
5					
PROJECTS HANDLES (LAST 6 MONTHS PRIOR TO FILING)					
PROJECT	DEVELOPER	AMOUNT SOLD (PHP)	# OF UNITS	REFERENCE	REF. CONTACT #
1					
2					
3					
4					
5					
CHECKLIST OF REQUIREMENTS			<div style="border: 1px solid blue; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> 2 x 2 PICTURE </div>		
<input type="checkbox"/> 1 COPY EACH 2X2 & 1 X 1 PICTURE ID <input type="checkbox"/> PHOTOCOPY PRC LICENSE <input type="checkbox"/> PHOTOCOPY GOV'T ISSUED ID <input type="checkbox"/> PROOF OF TIN <input type="checkbox"/> DTI/SEC BUSINESS REGISTRATION (IF ANY) <input type="checkbox"/> LIST OF ACCREDITED AGENTS/SALESPERSONS (IF ANY)					
I/We hereby confirm that all the information furnished herein are TRUE and CORRECT and the accreditation officers to validate the accuracy and completeness of my declaration. I hereby agree to the policies, terms and condition provided.					
BROKER/SALESPERSON		AUTHORIZED ACCREDITATING PERSON		CONFORME	
<hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME date signed:		EXEQUIEL "Kyle" MONDEJAR <hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME date signed:		<hr style="width: 80%; margin: 0 auto;"/> SIGNATURE OVER PRINTED NAME date signed:	