



ACCREDITATION FORM
International Marketing Partner (IMP)

PROFILE

First Name:	Middle Name:	Last Name:	Nickname:
Complete Address:		Zip Code:	Country:
Telephone Number:	Mobile Number:	Email Address: <i>(pls indicate Gmail account for SMDC Pro registration)</i>	
Date of Birth:	Civil Status:	Citizenship:	Gender:
Passport Number:	Issued by:	Place Issued:	Valid from/to:
Tax Identification Number (TIN):	Preferred Mode of Payment: (REQUIRED) <input type="checkbox"/> BDO Local Account Number <input type="checkbox"/> Telegraphic/Wire Transfer		

COMPANY PROFILE (if applicable):

Company Name:	Authorized Representative:	Designation:	Affiliation Date:
License Number:	Issued By:	Valid from/to:	Place Issued:
Business Address:	Business Phone Number:	Business Email:	TIN:

ENDORSEMENT:

	International Property Specialist (Signature Over Printed Name)	Associate Sales Director (Signature Over Printed Name)	Sales Director (Signature Over Printed Name)
	Email Address (Gmail)	Email Address (Gmail)	Email Address (Gmail)

INTERNATIONAL MARKETING PARTNER'S CONFORMITY

I hereby confirm that all pertinent information given above are true and correct.
 I understand that any false information herein may be grounds for SMDC and its assign to disapprove my application for accreditation.
 Further, I agree to abide by the Company's Policies and Code of Ethics.

Signature of IMP Over Printed name	Date
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