



ACCREDITATION FORM
Local Licensed Broker

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:
License Number:	Issued by:	Place Issued:	Valid from/to:
BDO Account Details	BDO Account Name:	BDO Account Number:	BDO Account Type:
Tax Identification Number (TIN):	Tax Rate: <i>(REQUIRED)</i> <input type="checkbox"/> VAT <input type="checkbox"/> Non-VAT		

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

	Broker Liaison Officer <i>(Signature Over Printed Name)</i>	Associate Sales Director <i>(Signature Over Printed Name)</i>	Sales Director <i>(Signature Over Printed Name)</i>
	Email Address (Gmail)	Email Address (Gmail)	Email Address (Gmail)

<p>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.</p>	
Signature of Broker Over Printed name	Date