



**ACCREDITATION FORM
Sub-Agent**

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/Accreditation 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:

Local Licensed Broker (Signature Over Printed Name)	Broker Liaison Officer (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)	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 Sub-Agent Over Printed name	Date