



BROKER ACCREDITATION FORM

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		PRC LICENSE NUMBER
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS	CITIZENSHIP
DATE OF BIRTH	PLACE OF BIRTH	TELEPHONE NUMBER
MOBILE NUMBER	EMAIL ADDRESS	TIN

BROKERAGE NAME	
BUSINESS ADDRESS	
BUSINESS TELEPHONE NUMBER	BUSINESS TIN

I have familiarized myself with Presidential Decree No. 957 and promise to abide by and comply with its provisions, implementing rules and regulations, and all laws governing the real estate trade and business. Further, I hereby agree to comply with all the terms and conditions stated in the Broker Accreditation Policies issued by DoubleDragon Sales Corp.

I hereby confirm that all information given in this Broker's Information Sheet are true and correct. I hereby authorize DoubleDragon Sales Corp. to obtain such information it may require to validate the accuracy of the information above.

Signature over Printed Name