PNB
SPECIAL ASSETS MANAGEMENT GROUP

REFERRER REGISTRATION FORM

Paste Photo Here

APPLICATION TYPE: *

☐ New Application
☐ Renewal   *Date of last Registration*: _____

REFERRER TYPE: *

☐ LTGC Employee : *Specify Company* _____   ☐ LTGC Retiree : *Specify Company*_____
☐ Other Third Party Agents/Sales Representatives

HOW DID YOU LEARN ABOUT PNB-SAMG? ☺ _____**(*) required field**

PERSONAL INFORMATION

Name of Referrer: *
          SURNAME   FIRST   MIDDLE

Date /Place of Birth:* *(MM/DD/YY)*	Nationality: *	Civil Status:
Address: *	Telephone Nos.: *	Fax No.:
	Mobile Phone Nos.:	Email Address:
Tax Identification Number*:	SSS / GSIS No.:	
FASTEST WAY TO CONTACT YOU?* TEL #	**CELL #**	

OCCUPATION / EMPLOYMENT / BUSINESS INFORMATION

Company Name: *	Designation:	
Office Address: *	Telephone No.: *	Fax No.:

Other Companies Registered With:	Documents attached (Please check box)
	Requirements Checklist ☐ VALID ID (SSS, GSIS, Driver's License, Passport) ☐ 1 Copy of 2x2 Picture

Business History as an Agent/Referrer:

Year	Properties Handled	Locations	Owner/Developer

Properties Presently Being Handled:

Properties	Locations	Price Range	Owner/Developer

   I HEREBY CERTIFY that the above information and attachments are true, correct, accurate and complete to the best of my knowledge and the Bank is authorized to obtain such other information as it may require for the purpose of my application.

_____
Signature over Printed Name / Date

FOR PNB-SAMG USE ONLY
Received by:

Date: Remarks / Status:

ver. August 2011