



# RMC2 CONSULTANCY CORPORATION

UNIT 106 SAUNTERFIELD PLACE KM20 ORTIGAS AVENUE EXTENSION,  
BRGY. STO. NINO, CAINTA RIZAL

## BRANCH MANAGER APPLICATION FORM

PERSONAL INFORMATION					
Please print your Last Name - First Name - Middle Name					
Birthday:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/>	Tax Identification No (TIN)	
Complete Residence/Office Address:			Cellphone No.:	Residence/Office Telephone Nos.	
			Email Address:		
Spouses's Information, if married					
Last Name - First Name - Middle Name				Birthday:	
Beneficiary / ies					
Last Name - First Name - Middle Name			Birthdate:	Relations to Sales Counselor:	
Last Name - First Name - Middle Name			Birthdate:	Relations to Sales Counselor:	
Educational Background					
School Last Attended:		Degree Earned / School level:		Inclusive Dates:	
Work Experience					
COMPANY (2 MOST RECENT)			POSITION / TITLE	INCLUSIVE DATES:	
1					
2					
Have you ever been accused of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give details below.					
Have you ever been terminated for cause by any Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please give details below.					
Details					
SAM-AFC Attachments					
1). Copy of OR for the License Fee.					
2). Photocopy of any one (1) of the following with 3 specimen signatures					
<input type="checkbox"/> Tin Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Senior Citizen's ID <input type="checkbox"/> NBI Clearance					
<input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> Unified Multi-Purpose I <input type="checkbox"/> Others					
By affixing my signature in the box / space provided herein, I hereby certify that all information supplied above are true and correct to the best of my knowledge and may be made basis for the processing and approval / disapproval of my application for accreditation as Agency Manager of RMC2 CONSULTANCY, duly signed and completed, likewise signifies my agreement with the Terms and Conditions of the Agency Manager's Contract stipulated at the reverse side. I understand further that no bidding agreement is created by the mere signing and submission of this form and / or payment of the prescribed licensing fee until this application is accepted and approved by RMC2CC, and shall be evidenced by the Branch Manager's Code assigned to me and the license card issued in my name and duly signed by the authorized officials of RMC2CC					
Please Sign inside the box					
Print Name & Signature of Applicant / Date					
Affiliation & Endorsement					
Trainor's Name:		Date of Seminar / Training:		Trainor's Signature / Endorsement	
Operations Manager's Name:		Area:		OM's Signature / Endorsement	
Release from Previous Affiliation					
Name of Previous Branch:		Name of Previous Unit:		Approval Signature of Previous Manager:	
FOR HEAD OFFICE USE ONLY					
OR Date:	OR Number:	OR Amount:	SC Code:	GM's Code:	AM's Code:

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