



RMC2 CONSULTANCY CORPORATION

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

SALES ADVISOR APPLICATION

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.: Email Address:	Residence/Office Telephone Nos.

Spouses's Information, if married

Last Name - First Name - Middle Name	Birthday:
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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:
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Work Experience

COMPANY (2 MOST RECENT)	POSITION / TITLE	INCLUSIVE DATES:
1		
2		

Have you ever been accused of any crime? ☐ Yes ☐ No If YES, please give details below.

Have you ever been terminated for cause by any Company? ☐ Yes ☐ No If YES, please give details below.

Details

SC-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 Sales Counselor of RMC2 CONSULTANCY CORPORATION. This Sales Counselor's Application, duly signed and completed, likewise signifies my agreement with the Terms and Conditions of the Sales Counselor'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 Sales Advisor's Code assigned to me and the license card issued in my name and duly signed by the authorized officials of RMC2CC

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Please Sign inside the box

Print Name & Signature of Applicant / Date

Affiliation & Endorsement

Trainor's Name:	Date of Seminar / Training:	Trainor's Signature / Endorsement
Recruiter's Name:	SC Relationship to Recruiter:	Recruiter's Signature
Unit Manager's Name:	Unit Name:	UM's Signature / Endorsement
Branch Manager's Name:	Branch Name:	BM's Signature / Endorsement
Operations Manager's Name:	Area:	OM's Signature / Endorsement

FOR HEAD OFFICE USE ONLY

OR Date:	OR Number:	OR Amount:	Sales Counselor's Code:
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