

**BROKER'S INFORMATION SHEET**

 Position Applied for:  Individual Broker  
                                    Broker Company

Endorsed by (indicate name of BRS): \_\_\_\_\_

|  |                         |                         |
|--|-------------------------|-------------------------|
| <b>INDIVIDUAL</b>  |                         |                         |
| <b>Last Name:</b>  | <b>First Name:</b>      | <b>Middle Name:</b>     |
|  |                         |                         |
| <b>Address:</b>  |                         |                         |
|  |                         |                         |
| <b>PRC License Number:</b>   | <b>Expiration Date:</b> |                         |
| <b>Gender:</b>   | <b>Landline Number:</b> | <b>Citizenship:</b>     |
| <b>Date of Birth:</b>  | <b>Age:</b>             | <b>Civil Status:</b>    |
| <b>Mobile Number:</b>  | <b>Email Address:</b>   |                         |
| <b>TIN Number (please attach TIN ID):</b>  |                         |                         |
| <b>BROKERAGE/REALTY COMPANY</b>  |                         |                         |
| <b>Brokerage/Realty Company Name:</b>  |                         |                         |
| <b>Business Address:</b>   |                         |                         |
| <b>Office Number:</b>  |                         |                         |
| <b>Company TIN Number:</b>   |                         |                         |
| <b>Authorized Representative</b>   |                         |                         |
| <b>Last Name:</b>  | <b>First Name:</b>      | <b>Middle Name:</b>     |
| <b>PRC License Number:</b>   | <b>Expiration Date:</b> |                         |
| <b>Email Address:</b>  | <b>Mobile Number:</b>   | <b>Landline Number:</b> |
| I hereby affirm that the statements made by me in this form are true and correct. It is understood that, should this form contain any willful misrepresentation or omission, reasonable proof of this fact will be sufficient justification for the termination of my accreditation. |                         |                         |

 \_\_\_\_\_  
*Broker's Signature over Printed Name*

 \_\_\_\_\_  
*Date Signed*

Conforms:

 \_\_\_\_\_  
*Division Head – Signature over Printed Name*

 \_\_\_\_\_  
*Date Signed*

 \_\_\_\_\_  
*BRS – Signature over Printed Name*

 \_\_\_\_\_  
*Date Signed*

Received by:

Sales Support Services

 \_\_\_\_\_  
*Signature over Printed Name*

 \_\_\_\_\_  
*Date Received*