

SALES AGENT REGISTRATION FORM

Date: _____

PERSONAL INFORMATION

FULL NAME : _____
Last Name First Name Middle Name

CONTACT ADDRESS: _____
House No. Street Area/Zone Town/City State

E-MAIL: _____ MOBLIE PHONE: _____

MARITAL STATUS: _____ SEX: _____ DATE OF BIRTH: _____

ACCOUNT DETAILS: _____
A/C Name A/C Number Bank Name

NEXT OF KIN: _____
Last Name First Name Middle Name

RELATIONSHIP WITH NEXT OF KIN: _____ PHONE NO: _____

ADDRESS OF NEXT OF KIN: _____
House No. Street Area/Zone Town/City State

PAYMENT TERMS AND CONDITIONS

Please note that agents whose clients intend to pay with a payment plan are only entitled to their full 2.5% commission on the clients first initial deposit. Subsequent payment made by the client would carry a 1% recovery fee which would be remitted to the customer relations department.

I _____ hereby certify that the information, data and materials provided by **Pirotti Projects & Properties** are the sole property of **Pirotti Projects & Properties** and I accept the terms and conditions of here mentioned.

*Attach a copy of your passport photo on the top right-hand corner of this form before submission.