



**CONTRACT OF AGENCY**

Control No. \_\_\_\_\_

This Agreement made and between **ASIATIC DEVELOPMENT CORPORATION/BASIC HOUSING SOLUTIONS, INCORPORATED** with office address at Asiatic Building, Phoenix Sun Business Park, E. Rodriguez, Jr. Avenue, Libis, Quezon City, Philippines represented in this act by its president, **MR. PAUL H. TANCHI** herein after designated as the **PRINCIPAL**;

And

Mr./Ms. \_\_\_\_\_ herein after designated as **ASSOCIATE** or such other designation as the Principal may deem appropriate.

Whereas, the Principal is engaged in real estate development, construction and marketing of real property in the Philippines and abroad.

Whereas, the Associate is hereby made and constituted as Affiliate, Agent, Broker, Consultant, Director, Manager, Officer, Vice President and other title classification the Principal may decide to use to enable the former to perform duty and transact business with the Principal.

Whereas, the Associate, being an independent contractor, has no employee-employer relationship with the Principal and has no right or authority to perform, assume or create obligation of any kind for and in behalf of the Principal other than what is stipulated in this Agreement.

Witnesseth that –

The Principal agrees to allow the Associate to market and sell the real estate projects being developed by **Asiatic Group of Companies**.

The Principal shall appropriately compensate the Associate for its services rendered by means of commission corresponding to the Appointment Memorandum, which will be issued by the Principal and shall form part of this Agreement.

The Associate agrees to market and sell the real estate projects being developed by the Principal during the term of this Agreement.

The Associate shall practice the highest ethical standard of the profession with utmost discipline, transparency and respect to rules, regulations and policies of **Asiatic Group of Companies**.

The Associate is not allowed to accept payments or issue any receipt in behalf of the Principal. Only personnel duly appointed by the Principal shall accept payments and issue receipts.

The Associate shall not make unlawful agreement to any client/person, effect any transfer nor make any commitments that might breach in any manner the standard procedures of the Principal.

The Associate is always duty bound to engage in all conducts that are in the best interest of the Principal; to support and participate wholeheartedly in all related activities.

In case of falsification of documents, misappropriation, defalcation of money, loss or damage to property due to negligence, misuse or abuse of authority in violation of this Contract of Agency, this Contract of Agency is hereby terminated and the Associate waives all rights and authorizes the Principal to forfeit any and all remuneration and/or commissions due him/her without prejudice to any other right or legal action of the Principal under existing laws.

In case of misrepresentation to the client and neglect or failure of the Associate to complete the execution of assigned duty or to assist the Client and Principal in the consummation of transaction, the Principal has the authority to make penalty or forfeit any or all remuneration or commission due to the Associate.

In case of voluntary termination of contract or indefinite leave of absence, the Associate shall submit a 30 days notice to the Principal for the proper turnover of duties and responsibilities.

This agreement shall be valid up to the last day of every year unless sooner terminated by the Principal for cause or breach of contract.

IN WITNESS WHEREOF, the parties have hereto set their hands this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
**PRINCIPAL**

\_\_\_\_\_  
**ASSOCIATE**

Signed in the presence of:

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES)  
S.S)  
Province/City of \_\_\_\_\_)

BEFORE ME, personally appeared the following:

| Name  | CTC No. | Date/Place Issued |
|-------|---------|-------------------|
| _____ | _____   | _____             |
| _____ | _____   | _____             |
| _____ | _____   | _____             |
| _____ | _____   | _____             |

Known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged that they executed the same as their own free and voluntary act and deed and/or that of the entity herein represented.

This instrument consisting of \_\_\_\_\_ ( ) pages, including this page wherein the Acknowledgement is written, has been signed by the parties and their instrumental witnesses on each and every page hereof and relates to a Memorandum of Agreement.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

Notary Public

Doc No \_\_\_\_\_  
Page No \_\_\_\_\_  
Book No \_\_\_\_\_  
Series of \_\_\_\_\_

# INFORMATION SHEET

Attach Latest  
1"x1" ID Picture  
Here

Position Applied: \_\_\_\_\_

Name: \_\_\_\_\_  
Family Name First Name Middle Name  
Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Residence/Mailing Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Mobile phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Highest Educational Attainment: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
School(s) Attended: \_\_\_\_\_  
Other Special Skills: \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Name of Company: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position in the Company: \_\_\_\_\_ Inclusive Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Name of Company: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position in the Company: \_\_\_\_\_ Inclusive Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Name of Company: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Position in the Company: \_\_\_\_\_ Inclusive Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## MEMBERSHIP IN ANY CIVIC, PROFESSIONAL & RELIGIOUS ORGANIZATION

\_\_\_\_\_  
\_\_\_\_\_

## PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby certify that the above information to my knowledge is true and correct.

SSS No.: \_\_\_\_\_ PAG-IBIG FUND No.: \_\_\_\_\_ TIN: \_\_\_\_\_  
Community Tax Cert.: \_\_\_\_\_ Issued at: \_\_\_\_\_ on: \_\_\_\_\_  
PRC License No.: (if any) \_\_\_\_\_ Issued on: \_\_\_\_\_ on: \_\_\_\_\_  
Broker's License No.: (if any) \_\_\_\_\_ Issued at: \_\_\_\_\_ on: \_\_\_\_\_

Note: Kindly Attach copy of latest PRC ID or Broker's ID & DTI Registration

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

\_\_\_\_\_  
Date

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(This portion is to be accomplished by authorized ADC/BHSI personnel and will serve as Applicant's Appointment)

Recommended by: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Status of Employment: \_\_\_\_\_ Remuneration/Commission Rate: \_\_\_\_\_

Approved by: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_