

SELLER'S PROFILE

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|--|-----------------------|-------------------------|--------------------------|
| NAME | | | RECRUITMENT DATE: |
| (Last Name) | (First Name) | (Middle Name) | |
| DATE OF BIRTH | PLACE OF BIRTH | CIVIL STATUS | AGE |
| Office Address | | | TEL.NO. |
| Home Address | | | TEL.NO. |
| E-mail Address | | CELLPHONE NUMBER | |
| CONTACT PERSON : (In case of emergency) | | RELATIONSHIP | CONTACT NUMBER |

ACCREDITATION

| | | | |
|--------------------------|--|----------------|----------------|
| AVAIL OF AN SVAP? | IF YES, INDICATE VAULT DETAILS: | | |
| | VAULT 1 | VAULT 2 | VAULT 3 |
| | YES OR NO | | |

SELLER'S SPECIAL VAULT AVAILMENT PLAN TERMS AND CONDITIONS

- a. I have attended the BOCP conducted by MVC and have offered to reserve from MVC the Rights for Perpetual Use of the vault/s, offered exclusively, for its sales force.
- b. I agree that should I fail to make any payments for the vault/s, I authorize MVC to deduct the same amount from my commissions due to me until my installment is fully paid.
- c. I agree that I will not be entitled to any commissions or compensations for the SVAP vault/s.
- d. I understand that I am not allowed to transfer my right for the vault/s described above for a period of three (3) years from the date of full payment.

St. Thérèse Project 20

This project 20 serves as your own workable leads when you start selling vaults at St. Thérèse Columbarium. Please ensure to fill out this P20 FORM to avail of the 8% commission when you avail of an SVAP.

STEP 1: List down 20 names of your KKK that you intend to sell.

STEP 3: Identify the TOP 5 from your list and discuss with your ASD.

STEP 2: Indicate present occupation and relationship with the person.

STEP 4: Ask assistance from your ASD to close your sales.

| NAME | OCCUPATION | RELATIONSHIP |
|------|------------|--------------|
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REFERRED BY

| | | | |
|-------------------------|---------------------------------|-----------------------|---------------------------|
| Recruiter's Name | Assistant Sales Director | Sales Director | Date of Submission |
|-------------------------|---------------------------------|-----------------------|---------------------------|

FOR MVC USE ONLY

| | |
|--------------|-------------------------|
| Approved by: | Certified BOCP Attendee |
| | By: |
| MVC | Training Officer |

SIGN HERE:

Recruit's Signature over Printed Name