



HOMEOWNERS' ASSOCIATION

PROPERTY PRACTITIONER APPLICATION FOR ENROLLMENT

Trade Name			
Company / CC Registration No.			
Contact Person			
Physical Office Address			
Postal Address			
		Postal Code	
Telephone Number			
Cellular Phone / Mobile Number			
E-Mail Address			
Estate Agency Affairs Board Registration No. (Agency)			
Fidelity Fund Certificate No.			

AGENTS WHO WOULD OPERATE IN WRCE

E.A.A.B Registration No.	Agents Name	Cell No.

***I, (full name & surname),
herewith confirm that I have read and understand the Application Agreement and Policy
for Estate Agents and undertake to abide to these conditions.***

Date

Signature: Agency Principal

N.B.: PLEASE ATTACH HERewith A COPY OF THE FOLLOWING DOCUMENTS:

1. Agency's Registration Certificate with the P.P.B. .
2. Fidelity Fund Certificate
3. Registration Certificates (P.P.B.) of all Agents operational in WRCE.
4. Payment of enrollment fee.