ASCEND FINANCE AND LEASING INC.

AGENT ACCREDITATION FORM

AFLI ACCREDITED REFERRAL PARTNER PROGRAM

Join our network of trusted partners. Refer clients. Help them achieve their goals. Earn commissions for every successful loan.

MORE CONNECTIONS.
MORE OPPORTUNITIES.
MORE REWARDS.

1. PERSONAL INFORMATION

Full Name (Last, First, Middle)

_____

Date of Birth _____ Gender ☐ Male ☐ Female

Civil Status ☐ Single ☐ Married ☐ Widowed ☐ Separated

Address _____

House No., Street, Barangay, City/Municipality, Province, ZIP Code

Mobile Number +63 _____ Telephone (if any) _____

Email Address _____

Valid ID Presented (please check)

☐ Passport ☐ Driver's License ☐ UMID

☐ PhilHealth ID ☐ TIN ID ☐ Other: _____

ID Number _____ Date Issued _____

Place Issued _____ TIN (if any) _____

2. PROGRAM & BANK DETAILS

How did you learn about AFLI? (Please check)

☐ Existing Partner / Referral ☐ AFLI Event / Seminar

☐ Walk-in / Branch Visit ☐ Social Media

☐ Others: _____

Preferred Payout Bank

Bank Name _____

Account Name _____

Account Number _____

Account Type ☐ Savings ☐ Checking

2. PROGRAM & BANK DETAILS

(Please check all that apply)

Salary Loans	MSME Loans	Vehicle Financing	OR/CR Loans	Real Estate Loans	Other AFLI Programs
☐	☐	☐	☐	☐	☐

4. ACKNOWLEDGEMENT & AGREEMENT

I hereby apply to become an Accredited Referral Partner of Ascend Finance and Leasing Inc. (AFLI)
I understand and agree that:

- I will refer individuals or businesses who may be in need of financing.
- AFLI will handle a assessment, approval, and processing of loans.
- I will not collect any payment from the client. All transactions shall be coursed through AFLI.
- I will comply with AFLI's policies and ethical standards.
  I will comply with AFLI's policies and ethical standards.
- **AFLI reserves the right to modify or terminate the program at any time without prior notice.**

5. REQUIRED DOCUMENTS (Please submit or present)

- Valid Government ID (front & back)
- Proof of Bank Account
- Recent 1x1 or 2x2 ID Picture
- TIN or BIR Form 1902 (if available)
- Other supporting documents (if required)

APPLICANT DECLARATION

I certify that all information provided in this form is true, correct, and complete.

I authorize AFLI to verify the information and share it with relevant personnel as part of the accreditation process.

_____
Signature over Printed Name

_____
Date

FOR AFLI USE ONLY

Partner ID No.: _____

Date Received: _____

Verified By: _____

Approved By: _____

Date Approved: _____

REFER. CONNECT. EARN.

Be part of the AFLU partner network today!

SCAN TO APPLY ONLINE

TRUSTED PARTNERS. STRONGER COMMUNITIES.

TOGETHER, LET'S BUILD STRONGER FUTURES.

THE MORE YOU REFER, THE MORE YOU EARN.

+63 917 136 8010
6212808 loc 122

afli@pueblodepanay.com

Unit 6, ePerformax Center, Sacred Heart of Jesus Blvd, Lawaan, Roxas City, Capiz