



EDF No.:

EMPLOYEE / SALES AGENT DISCOUNT FORM

Type of Application:

- Employee
 Sales Agent

Purpose:

- New
 Unit Transfer

BUYER'S INFORMATION

Name : _____ Designation : _____
 Employee / Sales Agent No. : _____ Hiring / Contract Date : _____
 Employment / Contract Status : _____ Length of Service / Engagement : _____

Residence Address : _____
 Residence Phone No/s. : _____ Personal Mobile No. : _____

Company Name : _____
 Company Address : _____
 Company Phone No/s. : _____

Contact Person (HR / SRTD / Sales Admin) : _____
 Contact Person Email Address : _____ Contact Person Phone No. : _____

Unit Details

No.	Project Name	Project Location	Discount Rate	Building / Unit No. / Parking Slot
1				
2				
3				
4				
5				

I hereby confirm that I am interested to avail of the SMDC Employee and Sales Agent Discount Program and in so doing, I expressly agree with the following conditions:

- * It must be under the name of the employee (regular) or sales agent (with 6 months continuous service).
- * A retention period of one (1) year from the time the reservation was recorded by SMDC is required to keep the discount. In the event of resignation or termination during the retention period, the discount given shall be forfeited.
- * Standard discount rates per Project shall apply.

I expressly agree and understand that in the event of an assignment of my rights over the unit(s), my designated assignee (spouse, children, parents or siblings only) shall assume the same payment term and the payment I made shall be transferred to his/her account, net of applicable deductions / expenses incurred by the Company. Assignment of my rights to a third party shall only be made upon full payment.

 Buyer's Signature over Printed Name / Date

FOR SMDC USE ONLY

Received by (SRMG Assistant): _____ Date & Time Received: _____

Remarks: _____

Checked by: _____ Approved by: _____
 Signature over Printed Name / Date Signature over Printed Name / Date
 SRMG Officer / Manager or SRTD Officer / Manager SRMG Head or SRTD Head

Assigned to: _____ In-House PS / ASD

Received by: _____ Contact No. of PS / ASD : _____
 Signature over Printed Name / Date
 In-House PS / ASD

Important: This form is valid only if with original signature of employee / sales agent and attached photocopy of valid Company ID of employee / sales agent.

Copy Distribution: (1) Buyer (2) Sales Documentation (3) SRMG (4) PS or ASD

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