SAFC
FINANCING MADE EASY

CLEAR ALL

DEALER REGISTRATION FORM

Instruction: All fields are required and must be completely filled out. Put N/A if NOT applicable.

REGISTRATION DETAILS

TYPE OF APPLICATION: ☐ **NEW** ☐ **REACTIVATION** ☐ **DATA UPDATE**

HOW DID YOU KNOW ABOUT US?
☐ Walk-in / Branch Office
☐ Social media page (Facebook, IG, Tiktok)
☐ SAFC Website
☐ Recruited/Referred by: _____

PERSONAL INFORMATION

Last Name | *First Name* | *Middle Name* | *Suffix*

Present Address:

House No. Code / Street / Barangay / City -Town / Province / Zip

Permanent Address: ☐ (Please check if it is the same as your present address)

House No. Code / Street / Barangay / City -Town / Province / Zip

Sex: ☐ Male ☐ Female ☐ Prefer not to say

Age: _____

Birthday: *mm/dd/yyyy* _____

Citizenship: ☐ Filipino ☐ Others: _____

Cellphone No.: _____

Telephone No.: *(Optional)* _____

Email Address: _____

SSS No.: _____

TIN: _____

Civil Status:
☐ Single ☐ Married ☐ Widowed
☐ Separated ☐ Divorced

Educational Attainment
☐ High School Level ☐ College Level ☐ Master's Degree
☐ High School Graduate ☐ College Graduate ☐ Doctorate Degree

Degree Program/Course _____

SPOUSE INFORMATION

Last Name | *First Name* | *Middle Name* | *Suffix*

Cellphone No.: _____

Telephone No.: _____

Email Address: _____

BUSINESS INFORMATION

Business/Dealership Name: _____

Business Address: _____

Type of Ownership
☐ Cooperative ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Years in Operation: _____

Years Started: _____

Business TIN: _____

Product Type:
☐ Brand New Cars ☐ Heavy Equipment ☐ Used Car ☐ Others:
☐ Brand New Trucks ☐ Motorcycle ☐ Used Truck _____

Vehicle Inventory _____

Ave Monthly Sales (PHP) _____

DISCLOSURE OF RELATIONSHIP WITH ANY SAFC EMPLOYEE

Please declare relationship with any SAFC active employees, if there is any. Failure to declare your relationship during the registration may result in disaccreditation. Applicants who declare that they are related to any active employee within SAFC up to 4th level of consanguinity (blood relationships) or affinity (relationships through marriage or partnership) including Common Law Partner, Live-In Partner or any relationship that is not recognized as legally married will be subject to the approval of the Management.

NAME	RELATIONSHIP	DEPARTMENT	POSITION

CODE OF CONDUCT

1. **Independent Professionalism**
   Act with integrity, transparency, and professionalism. Avoid conflicts of interest and respond to clients promptly and truthfully.

2. **Respect for Relationships**
   Provide unbiased advice that prioritizes the client's best financial interests.

3. **Respectful Communication**
   Always communicate respectfully. Derogatory language, threats, or offensive behavior are strictly prohibited.

4. **Integrity and Honesty in Documentation**
   Never falsify client documents, misrepresent details, or conceal information. Protect client privacy and never share sensitive data without authorization.

5. **Respect for Property**
   Do not collect or take documents or property belonging to other partners, employees, the company, or clients.

6. **Fee and Payment Collection**
   Do not collect processing fees or accept loan payments from clients. All transactions must go through official and authorized company payment channels.

7. **Upholding Professional Boundaries**
   Do not solicit walk-in clients from branches or poach clients or team members from other partners. Do not endorse clients to competitors.

8. **Anti-Corruption**
   Strictly adhere to all applicable policies. Engaging in bribery, kickbacks or offering gifts to influence business decisions is strictly prohibited.

9. **Brand Integrity**
   Adhere to company values, brand guidelines, and operational procedures at all times.

10. **Continuous Improvement**
    Stay updated on industry trends, regulations, and products through company training. Seek feedback to improve service quality.

NON-DISCLOSURE AGREEMENT

1. **Purpose**
   The Disclosing Party may provide the Receiving Party with confidential information ("Information") related to clients, company policies, processes, and operations for the purpose of supporting loan processing and customer service operations.

2. **Confidentiality Obligations**
   The Receiving Party agrees to:
   - A. Use the Information only for the stated purpose.
   - B. Not disclose or misuse the Information.
   - C. Keep the Information confidential during and after this Agreement, for five (5) years from the date of this Agreement, even after materials are returned.in perpetuity, unless such information becomes public through no fault of the Receiving Party.

3. **No Rights Granted**
   This Agreement does not grant the Receiving Party any rights over the Disclosing Party's intellectual property.

4. **Employees/Agents/Assignees**
   The Receiving Party ensures that its employees, agents, and/or assigns, who access Information are bound by confidentiality obligations.

5. **Breach**
   If the Receiving Party becomes aware of a breach or misuse of Information, it must immediately notify the Disclosing Party. The Disclosing Party may seek legal remedies, including injunctions and damages.

6. **Return/Destruction**
   Upon SAFC's request, the Receiving Party shall promptly return or permanently destroy all Information pursuant to the direction or instruction of SAFC.

7. **Notices**
   All notices shall be in writing and sent to the addresses stated above (or as updated by either party in writing).

Roseshel Barrun	Data Protection Officer- SAFC email : dpo@safc.com.ph

8. **Governing Law and Venue**
   This Agreement is governed by Philippine law. Any disputes shall be submitted to the courts of Pasay City, Metro Manila, to the exclusion of other courts.

9. **Miscellaneous**
   Neither party may assign this Agreement without the other's written consent.

By signing below, I acknowledge that I have read, understood, and agree to the SAFC Code of Conduct and Sales Partners Non-Disclosure Agreement (NDA), and confirm that the information I have provided is true and accurate. This signature serves as my acceptance of all the aforementioned documents.

SIGNATURE ABOVE PRINTED NAME **DATE**