



The Federation of British Estate Agents in Spain

Apartado de Correos 231, Arroyo de la Miel, Benalmadena Costa, 29631, Malaga

Tel 902 024 999 - www.FBEAS.com

Application for membership as an employee

Personal Details

Surname

Title

Christian names

Date of Birth

Home address

Province

City

Town

Post Code

Nationality

Day time telephone number

Length of Real Estate experience

Languages spoken

References

We require the name and address of two referees, one of whom must be able to assess your competence as an estate agent (ie a third party solicitor, estate agent or somebody similar)

Referee 1 - Name and address

Tele No

Referee 2 - Name and address

Tele No

Present employment

Name and address of Company

Province

City

Town

Post Code

Telephone number

Website address

Type of Agency ie Residential, Commercial, Letting etc

Length of service

Name of the person you are responsible to

Continue overleaf

Present employment (continued)

Nature of your current duties

Previous employment

Please provide brief details of any previous employment in the real estate business

Declaration

I hereby apply to become an Associate / a Member / (delete the one not applicable) of the Federation of British Estate Agents in Spain and declare and certify the following:

I authorise any enquiries to be made as to my suitability to join the Federation.

I have read, understand and accept the aims and Code of Practice of the Federation pursuant to the improvement of individuals and businesses in Real Estate practice in Spain.

I confirm that for a period of 10 years prior to this application I have had no action taken against me by my employer(s), statutory bodies or the police in relation to dishonest or fraudulent activities. I confirm to the best of my knowledge that all information provided by me relevant to this application is true and correct.

I authorise you to debit the administration fee of €20.00 from my credit card, and if my application is successful the appropriate yearly subscription fee for the first year, and thereafter annually on the due date.

Visa/Master Card

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Expiry date ____/____

..... Signature

.....Date

