

BUYER'S INFORMATION SHEET

PLEASE READ CAREFULLY. COMPLETE ALL INFORMATION NEEDED. RESERVATION FEE IS NON REFUNDABLE.

PRINCI	CO-OWNER								
LAST NAME		FIRST NAME			MIDDLE NAME				
HOME ADDRESS									
PROVINCIAL ADDRESS		TEL MORIL	ENO	IEMAII ADDRE	66	CITIZENSHIF			
PROVINCIAL ADDRESS	TEL. /MOBILE NO.		EMAIL ADDRESS		CITIZENSHIP				
GENDER ☐ MALE ☐ FEMALE		TATUS WIDOW/WIE	OOWER	BIRTHDATE PLACE OF BIRTH		TAX IDENTIFICATION NUMBER			
RELIGION			DIVORCED/ANNULLED				SSS/GSIS NUMBER		
Total Number of Dependent		in Highschool		in College		not yet studying			
FATHER'S NAME		MOTHER'S		MAIDEN NAME					
PARENT'S HOME ADDI	RESS			TELEPHONE/M	OBILE NUME	BER			
GROSS MONTHLY INC SOURCE OF INCOME	OME ☐Employed		s	elf-Employed	Sole proprieto	orship with 2 yrs	ITR, AFS, O.R.		
EMPLOYER/BUSINESS	Professional, specify					Partnership corporation with 2 yrs. ITR, AFS, O.R.			
EMPLOTER/BUSINESS	NAME		NATURE O	F BUSINESS					
BUSINESS ADDRESS									
POSITION	POSITION		DEPARTMENT		DATE HIRE		D/YEARS IN OPERATION		
ADDONITATION				In the of the			TELEPHONE NUMBER		
APPOINTMENT Regular		OFW_			Office	Others			
Probationary Contractual/F		☐ More	than 2 years		Field Overseas		EMAIL ADDRESS		
			SPOUS	E					
LAST NAME		FIRST NAME		MIDDLE NAME					
HOME ADDRESS									
PROVINCIAL ADDRESS	TEL. /MOBIL	TEL. /MOBILE NO.		SS	CITIZENSHIP				
GENDER ☐ MALE ☐ FEMALE		STATUS I WIDOW/WII	DOWER	BIRTHDATE PLACE OF BIR	1107 11 00		TAX IDENTIFICATION NUMBER		
RELIGION	☐ MARRIED ☐	DIVORCED/	ANNULLED	SSS/GSIS NUMBER			JMBER		
Total Number of Depend in Elementary		in Highschoo	1	in Colleg	16	not vet	studying		
FATHER'S NAME		gcc		MAIDEN NAME	6.00		otaayiiig		
PARENT'S HOME ADD		TELEPHONE/MOBILE NUMBER							
GROSS MONTHLY INC				Self Francisco of F	l Cala manadata		ITD AFC O.D.		
SOURCE OF INCOME					☐ Sole proprietorship with 2 yrs. ITR, AFS, O.R. ☐ Partnership corporation with 2 yrs. ITR, AFS, O.R.				
PARENT'S HOME ADD		•		TELEPHONE/MOBILE NUMBER					
GROSS MONTHLY INC	OME								
SOURCE OF INCOME							s. ITR, AFS, O.R.		
EMPLOYER/BUSINESS	Professional, specify NAME		NATURE C	F BUSINESS	Partnership c	orporation with	2 yrs. ITR, AFS, O.R.		
DUCINICO ADDRECO									
BUSINESS ADDRESS									
POSITION	DEPARTME	DEPARTMENT		YEARS OF E		EMPLOYMENT/ OPERATION			
APPOINTMENT				PLACE OF WO	DRK		TELEPHONE NUMBER		
Regular Probationary		OFW More	e than 2 years		_	Others	EMAIL ADDRESS		
Contractual/		☐ IVIOR	e man z years		Overseas		EMAIL ADDRESS		

	WITH S	PECIAL F	POWER	OF ATTO	RNEY		
LAST NAME	FIRST NAME			MIDDLE NAME			
HOME ADDRESS							
PROVINCIAL ADDRESS		TEL. /MOBILE	E NO.	EMAIL ADDRESS		CITIZENSHIP	
GENDER □ MALE □ FEMALE		TATUS MIDOW/WID	OWED	BIRTHDATE		TAX IDENTIF	FICATION NUMBER
RELIGION		DIVORCED/A		PLACE OF BIRTH		SSS/GSIS NUMBER	
Total Number of Depend							
in Elementary	<u> </u>	_ in Highschool		in Colleg	е	not yet	studying
FATHER'S NAME			MOTHER'S	MAIDEN NAME			
PARENT'S HOME ADD		TELEPHONE/MOBILE NUMBER					
GROSS MONTHLY INC	OME						
SOURCE OF INCOME	Employed		□s	elf-Employed	Sole proprietor	ship with 2 yrs	s. ITR, AFS, O.R.
	Professional, specify				Partnership co	rporation with	2 yrs. ITR, AFS, O.R.
EMPLOYER/BUSINESS	NAME		NATURE O	F BUSINESS			
BUSINESS ADDRESS							
POSITION	DEPART				YEARS OF EM	MPLOYMENT	/ OPERATION
APPOINTMENT		1		PLACE OF WO			TELEPHONE NUMBER
☐ Regular ☐ Probationary		OFW More than 2 years				Others	EMAIL ADDRESS
☐ Contractual/F	Project-based				Overseas		
				ORATION			
						7:	Cada
Company Address: _	•			Fay No			Code:
Email Address :	0		Teler	ohone Nos. :	···		
Authorized Signator	v:				Gende	r D M	ale
r ta trie rize a erginater		irst Name	Middl	e Name		_	male
Designation/Position	n:		Citize	enship :			
Type of Business	☐ Corporation☐ Partnership	_	on-Profit overnment				
I/we undertake that i	in case of any changes in the			ll inform in writing	the Developer	in the address	s indicated herein.
UNIT	DETAILS			SEL	LER'S D	ETAILS	
Project Name		Seller's Nar					
FLOOR	UNIT NO.	AREA	Seller's Co	ntact No.	Email A	Address	Seller's TIN:
							1
PRE-SCREENED B	Y:					ACCEPTE	D BY:
SELLER/AGE	NT	NAMI	E OF REALT	Y FIRM	-		
(Signature over printe							
Date Signed	l .						
					SPOUSE		
PRINCIPAL BUYER (Signature over printed name)	SPOUSE (Signature over printed name)			CO-OWNER ture over printed name)		name)	ATTORNEY-IN-FACT (Signature over printed name)