

# BUYER'S INFORMATION SHEET

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

<input type="checkbox"/> PRINCIPAL BUYER		<input type="checkbox"/> CO-OWNER	
LAST NAME		FIRST NAME	MIDDLE NAME
HOME ADDRESS			
PROVINCIAL ADDRESS		TEL. /MOBILE NO.	EMAIL ADDRESS
CITIZENSHIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/ANNULLED	BIRTHDATE
TAX IDENTIFICATION NUMBER	RELIGION	PLACE OF BIRTH	SSS/GSIS NUMBER
Total Number of Dependents _____ in Elementary      _____ in Highschool      _____ in College      _____ not yet studying			
FATHER'S NAME		MOTHER'S MAIDEN NAME	
PARENT'S HOME ADDRESS		TELEPHONE/MOBILE NUMBER	
GROSS MONTHLY INCOME			
SOURCE OF INCOME <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sole proprietorship with 2 yrs. ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ <input type="checkbox"/> Partnership corporation with 2 yrs. ITR, AFS, O.R.			
EMPLOYER/BUSINESS NAME		NATURE OF BUSINESS	
BUSINESS ADDRESS			
POSITION		DEPARTMENT	DATE HIRED/YEARS IN OPERATION
APPOINTMENT <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual/Project-based	<input type="checkbox"/> OFW <input type="checkbox"/> More than 2 years	PLACE OF WORK <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Overseas	TELEPHONE NUMBER
			EMAIL ADDRESS
SPOUSE			
LAST NAME		FIRST NAME	MIDDLE NAME
HOME ADDRESS			
PROVINCIAL ADDRESS		TEL. /MOBILE NO.	EMAIL ADDRESS
CITIZENSHIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/ANNULLED	BIRTHDATE
TAX IDENTIFICATION NUMBER	RELIGION	PLACE OF BIRTH	SSS/GSIS NUMBER
Total Number of Dependents _____ in Elementary      _____ in Highschool      _____ in College      _____ not yet studying			
FATHER'S NAME		MOTHER'S MAIDEN NAME	
PARENT'S HOME ADDRESS		TELEPHONE/MOBILE NUMBER	
GROSS MONTHLY INCOME			
SOURCE OF INCOME <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sole proprietorship with 2 yrs. ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ <input type="checkbox"/> Partnership corporation with 2 yrs. ITR, AFS, O.R.			
PARENT'S HOME ADDRESS		TELEPHONE/MOBILE NUMBER	
GROSS MONTHLY INCOME			
SOURCE OF INCOME <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sole proprietorship with 2 yrs. ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ <input type="checkbox"/> Partnership corporation with 2 yrs. ITR, AFS, O.R.			
EMPLOYER/BUSINESS NAME		NATURE OF BUSINESS	
BUSINESS ADDRESS			
POSITION		DEPARTMENT	YEARS OF EMPLOYMENT/ OPERATION
APPOINTMENT <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual/Project -based	<input type="checkbox"/> OFW <input type="checkbox"/> More than 2 years	PLACE OF WORK <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Overseas	TELEPHONE NUMBER
			EMAIL ADDRESS

<b>WITH SPECIAL POWER OF ATTORNEY</b>					
LAST NAME		FIRST NAME		MIDDLE NAME	
HOME ADDRESS					
PROVINCIAL ADDRESS			TEL. /MOBILE NO.	EMAIL ADDRESS	CITIZENSHIP
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED/ANNULLED		BIRTHDATE	TAX IDENTIFICATION NUMBER
RELIGION				PLACE OF BIRTH	SSS/GSIS NUMBER
Total Number of Dependents _____ in Elementary      _____ in Highschool      _____ in College      _____ not yet studying					
FATHER'S NAME			MOTHER'S MAIDEN NAME		
PARENT'S HOME ADDRESS				TELEPHONE/MOBILE NUMBER	
GROSS MONTHLY INCOME					
SOURCE OF INCOME <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Sole proprietorship with 2 yrs. ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ <input type="checkbox"/> Partnership corporation with 2 yrs. ITR, AFS, O.R.					
EMPLOYER/BUSINESS NAME			NATURE OF BUSINESS		
BUSINESS ADDRESS					
POSITION		DEPARTMENT		YEARS OF EMPLOYMENT/ OPERATION	
APPOINTMENT <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual/Project-based			<input type="checkbox"/> OFW <input type="checkbox"/> More than 2 years		PLACE OF WORK <input type="checkbox"/> Office <input type="checkbox"/> Field <input type="checkbox"/> Overseas <input type="checkbox"/> Others
				TELEPHONE NUMBER	
				EMAIL ADDRESS	

### FOR CORPORATION

Company Name: _____					
Company Address: _____					Zip Code: _____
Tax Identification No. _____			Fax No. : _____		
Email Address : _____			Telephone Nos. : _____		
Authorized Signatory: _____				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name		First Name	Middle Name		
Designation/Position: _____				Citizenship : _____	
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Government					

I/we undertake that in case of any changes in the information above, I/we shall inform in writing the Developer in the address indicated herein.

<b>UNIT DETAILS</b>			<b>SELLER'S DETAILS</b>		
Project Name			Seller's Name		Name of Realty Firm
FLOOR	UNIT NO.	AREA	Seller's Contact No.	Email Address	Seller's TIN:

PRE-SCREENED BY: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

\_\_\_\_\_  
 SELLER/AGENT  
 (Signature over printed name)

\_\_\_\_\_  
 NAME OF REALTY FIRM

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date Signed

_____ PRINCIPAL BUYER <small>(Signature over printed name)</small>	_____ SPOUSE <small>(Signature over printed name)</small>	_____ CO-OWNER <small>(Signature over printed name)</small>	_____ SPOUSE <small>(Signature over printed name)</small>	_____ ATTORNEY-IN-FACT <small>(Signature over printed name)</small>
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