

BUYERS INFORMATION SHEET

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	ect										/SM		
	ise/Unit										<u></u>		
Uni	t Type al Contract Pri												
101	ai Contract Pri	e				rayment	Term:						
In Co	onnection with m	y re <u>servat</u>	ion <u>purch</u>	se, l/	We would <u>like to</u>	be <u>registe</u>	ed a <u>s follo</u>	ws:					
	Solely in my name: In our Names:					<u> </u>			In the name of:	•			
	☐ Individual			_	PS:				A corporation				
	☐ Married to Co-owner:				o-owner:				A partnership Trustee Account				
			•	I				II .					
	SONAL INFO												
Last	Name:	Suffix:	First Na	ne:						Middle Name:			
Citiza	enship:			Civi	I Status:		T	Gende	r-	Birthda	av (MM-D	D-YY)·	
	lipino	☐ Dual	Citizen	_	Single	□ Widow		☐ Fem		Birthday (MM-DD-YY):		. .	
□ Na	atural Born Fil.	☐ Other	rs		Married	□ Separa	ted						
Туре	of Valid ID:	ID Num	nber:	Date	e Issued (MM-DD	-YY) P	lace Issued	: Tax	dentification No.	. (First 9	-Digit)	Age:	
	dence Address:	Block/Linit N	No t/Stroot		•	•	.00				Zip Cod		
	lse this as mailing		NO. VStreet	/Ruac	a/Barangay/Distric	i City/Piovii	ice				Zip Co	ue.	
	_												
Land	lline:				Mobile Num	ber:		I	Email Address:		<u> </u>		
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	e Address: Ise this as mailing	address)									Zip Co	de:	
(0	oo ano ao maning												
Land	lline:				Mobile Num	ber:			Email Address:				
		du									7: ^	Ja.	
	r Authorized Add										Zip Cod	de:	
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Educ	ation Attainmen	+ -				Last S	chool Atten	dad:					
		□ College	□P	ost G	raduate	Last St	JIOOI Atter	ucu.					
G													
Spor	use's Informat	ion											
Last	Name:	Suffix:	First Na	ne:						Middle	Name:		
Citiza	enship:]	Civi	I Status:		T	Gende	r:	Birthda	ay (MM-D	D-YY)·	
	lipino	□ Dual	Citizen		Single	□ Widow				Dir tiride	.y (2	,.	
_ r ·								nale Male					
Land	lline:				Mobile Num	ber:	L		Email Address:				
	cation Attainmen	t: College	п Р	ost G	raduate	Last So	chool Atten	ded:					
	g •••			-		1							
		Name o	of Depend	lents		Age		School	/Employer/Busi	ness			
												1	

Certified Complete:

Marketing Officer
(signature over printed name)



PERSONAL INFO	ORMATI(ON (Co-I	Borrowe	er)								
Last Name:	Suffix:	First Na	me:							Middle	Name:	
Citizenship:			Civil S	tatus:			Ge	nder:		Birthda	ay (MM-C	D-YY):
☐ Filipino						w	Female	■ Male	Dirtilday (Wilvi-DD-11).			
☐ Natural Born Fil.	Natural Born Fil.											
Type of Valid ID:	-YY)	Place Issue	d:	Tax Iden	tification No	. (First 9	-Digit)	Age:				
Residence Address:	Block/Linit N	No t/Street	t/Road/R:	arangay/Distric	t City/Prov	/ince					Zip Co	de.
☐ (Use this as mailing		VO. VOITEE	/Noau/De	arangay/Distric	t Oity/i To	/IIICC					Zip Co	ue.
Landline:				Mobile Num	ber:			Ema	il Address:		1	
Office Address: (Use this as mailing	g address)							1			Zip Co	de:
Landline:				Mobile Num	ber:			Ema	il Address:			
Other Authorized Ad											Zip Co	de:
Education Attainmer					Last	School Atte	nded	:			1	
☐ High School	College		ost Grad	duate								
Spouse's Informat		Finat Na								Middle	Names	
Last Name:	Suffix:	First Na	me:							Midale	Name:	
Citizenship:		•	Civil S				Ge	nder:		Birthda	ау (ММ-С	D-YY):
☐ Filipino ☐ Natural Born Fil.	☐ Dual ☐ Other		☐ Sin	_	☐ Wido			Female	☐ Male			
Landline:				Mobile Num				Fma	il Address:			
				mobile Huili					ii Addi 000.			
Education Attainmer ☐ High School	nt: □ College	□₽	ost Grad	duate	Last	School Atte	nded	:				
												7
	Name o	of Depend	dents		Age		Scl	hool/Em	ployer/Busi	ness		4
												-
												-
ATTORNEY-IN-I	FACT (for	annlican	ts not in	n the country)							
Last Name:	Suffix:	First Na			/					Middle	Name:	
Citizenship:	1		Civil S	tatus:			Ge	nder:		Birthda	ay (MM-C	D-YY):
Filipino	☐ Dual		☐ Sin	•		□ Widow □ Fe			■ Male			
☐ Natural Born Fil.	☐ Other	rs	☐ Mai	rried	☐ Sepa	rated						
Type of Valid ID:	ID Num	nber:	Date Is	sued (MM-DD	-YY)	Place Issue	d:	Tax Iden	tification No	. (First 9	-Digit)	Age:
Residence Address:		No. t/Street	t/Road/Ba	arangay/Distric	t City/Prov	vince					Zip Co	de:
☐ (Use this as mailing	g address)											
Landline:				Mobile Num	ber:			Ema	il Address:			
Office Address:											Zip Co	do
☐ (Use this as mailing	g address)										Zip Co	ue.
Landline:				Mobile Num	ber:			Ema	il Address:			
Other Authorized Ad				1							Zip Co	de:
Education Attainmer	nt:				Last	School Atte	nded	:			I	
☐ High School	College	_ P	ost Grad	duate								
Spouse's Informat	ion											
Last Name:	Suffix:	First Na	me:							Middle	Name:	
Citizenship:	<u> </u>	<u> </u>	Civil S	tatus:			Ge	nder:		Birthda	ay (MM-C	D-YY):
☐ Filipino	□ Dual		□ Sin		□ Wido	w			_		, <u>-</u>	- ,-
☐ Natural Born Fil.	☐ Other	rs	☐ Mar	rried	☐ Sepa	rated		Female	☐ Male			
Landline:			1	Mobile Num	ber:		1	Ema	il Address:	1		
Education Attainmer				1	Last	School Atte	nded	:				
☐ High School	College	□₽	ost Grad	duate								

Certified Complete:

Marketing Officer (signature over printed name)



CORPORATION Name:	(Details m	ust be cons	istent wi	th business reg	gist	ration documents -	e.g.	SEC Registration and	validate	ed TIN)		
Principal Office Addr										Zip Co	de:	
Landline:		Mobile N	ımber:		E	mail Address:		Tax Identificati	on No. (First 9-Di	igit)	
Other Authorized Add									Zip Co	de:		
☐ (Use this as mailing	address)											
Authorized Signato		First Na							Middle	Nema		
	Suffix:	FIRST Na					•			Name:		
Citizenship: ☐ Filipino ☐ Natural Born Fil.	□ Dual □ Othe		Civil Sing	gle		Widow Separated		nder: Female 🏻 Male	Birthda	ay (MM-C	D-YY):	
Type of Valid ID:	ID Nur	nber:	Date Is	sued (MM-DD	-YY) Place Issued	d:	Tax Identification No	. (First 9	-Digit)	Age:	
Landline:				Mobile Num	ber	:		Email Address:				
Other Authorized Add										Zip Co	de:	
☐ (Use this as mailing Education Attainmen ☐ High School		□ P	ost Grac	luate		Last School Atten	ded	:				
Authorized Ciamete	- m. r. O											
Authorized Signato Last Name:	Suffix:	First Na	me:						Middle	Middle Name:		
Citizenship: ☐ Filipino ☐ Natural Born Fil.	Filipino 🗆 Dual Citizen 🗀 Single 🗀 Widow 🗀 Female 🗀 Male						Birthday (MM-DD-YY):					
Type of Valid ID:	ID Nur	nber:	Date Is	sued (MM-DD			1:	Tax Identification No	. (First 9	-Digit)	Age:	
Landline:				Mobile Num				Email Address:	- (9,	7.90.	
Other Authorized Add				mosno riam		•				Zip Co	de:	
☐ (Use this as mailing Education Attainmen	t:					Last School Atten	ded	:				
☐ High School	College	P	ost Grac	luate								
Authorized Signator Last Name:	ory 3 Suffix:	First Na	me:						Middle	Name:		
Citizenship:	1		Civil S					nder:	Birthda	ay (MM-D	D-YY):	
☐ Filipino ☐ Natural Born Fil.	☐ Dual ☐ Othe	Citizen rs	☐ Sing	•		Widow Separated		Female				
Type of Valid ID:	ID Nur	nber:	Date Is	sued (MM-DD	-YY) Place Issued	i:	Tax Identification No	. (First 9	-Digit)	Age:	
Landline:				Mobile Num	ber	:		Email Address:				
Other Authorized Add				•						Zip Co	de:	
Education Attainmen		P	ost Grad	luate		Last School Atten	ded	:				
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Authorized Signato Last Name:	Suffix:	First Na	me:						Middle	Name:		
Citizenship: ☐ Filipino ☐ Natural Born Fil.	☐ Dual ☐ Othe	Citizen rs	Civil S Sing Mar	gle	_	Widow Separated		nder: Female 🛭 Male	Birthda	ay (MM-C	DD-YY):	
Type of Valid ID:	ID Nur	nber:	Date Is	sued (MM-DD	-YY) Place Issued	i:	Tax Identification No	. (First 9	-Digit)	Age:	
Landline:				Mobile Num	ber	:	I.	Email Address:				
Other Authorized Address: □ (Use this as mailing address) Zip Code:												
Education Attainmen			ost Grad	luate		Last School Atten	ded	:		1		
	Jounege		JOI GID	ıuaıt								

Certified Complete:

Marketing Officer (signature over printed name)



Source of Funding: Local International (Please specify origin)									
Occupation: (Please check	k and indicate the na			ess)		Co-Owner/Bo			
Principal Buyer: Businessman / Entrepred Housewife Top Executive Self-Employed Middle Management Mixed Income Earner (kand compensation) Staff / Non-Office Retiree Others (pls. specify) Specify Employer/Business No.	business income	Spouse: Businessman / Entrepreneur Housewife Top Executive Self-Employed Middle Management Mixed Income Earner (business and compensation) Staff / Non-Office Retiree Others (pls. specify) Specify Employer/Business Name:			income	Businessman / Entrepreneur Housewife Top Executive Self-Employed Middle Management Mixed Income Earner (business income and compensation) Staff / Non-Office Retiree Others (pls. specify)			
Monthly Household Inco	me: (Please check a	and Specify Source							
Principal Buyer:	Spouse10,011,021,041,081,0100,121,251,376,501,		0 0 0 0 0 ve		Co-Owner/Bo10,000 and11,000 - 2021,000 - 4041,000 - 8081,000 - 10100,000 - 2251,000 - 3376,000 - 8501,000 ar Specify Sources	d below 0,000 0,000 0,000 120,000 120,000 250,000 375,000 500,000 nd above			
Financial Reference:									
LOANS (Please provide the			r existing and p	revious loans)					
		ormation on your existing and cancelled credit cards)		Name of Card if other than above name					
Card Issuer	Credit Card Nu	mber	Credit	Limit	Γ	Name of Card if	other than above name		
DEPOSITS (Please provide to Name of Bank/Institution	he following information Branch/Contact N		ng Savings, Check		Ī T	clude both peso and bunt Number	all other currency deposits) Average Amt.		
Llow distance final luna	hout the war-in-to-								
How did you first know a Word of mouth Internet/Webpage Sales Executive/Site Of Broker/Property Specia Brochure Referral (pls. s		Direct Ma Other so	elease aflet Print ail urces	: Ad (pls. specify)					
What is your primary pur Primary Home	pose for buying?			Check after the following have been discussed: Reservation fee validity period					
Vacation / Weekend ho Retirement home Investment (Buy and Se Investment (for Lease) Other sources (pls. specification)	_	Penalties on default payments Financing Options Property line and setbacks Landfilling/Backfilling Change Order forms and other renovations requests							
Reason for Purchase: (Pulled Location	ease check whichev	ver is app	licable)	Number of s	site visit	s before makii	ng this reservation:		
Ideal Masterplan Quality & Elegant Produ Affordable Price & Flex Fortune Real Property I		2 visits 3 visits more than 3 visits Not Applicable (pls. specify)							

Certified Complete:

Marketing Officer (signature over printed name)



Personal Reference:										
Name	Relationship to Buyer	Residence Address	Office Address	Tel Nos., Res. & Office						

AUTHORIZATION

By signing below, I certify that all the information provided on this application is verifiable and accurate. Any information, and other parties I authorize, which is not true and accurate will automatically cause the developer to reject my application and cancel it's approval.

For Bank or In-House Financing

I hereby authorize the developer, and its authorized representative to verify and to investigate from my employer, business, my Bank and other reference any and all information required to process my application including information provided herein. In view of my authorization to the developer, to check my credit history, I also authorize my Employer, my bank and my other references to provide and/or verify information to the developer and its authorized representative pertaining to my account.

I fully understand that submission of all required documentation to support this application does not constitute automatic approval. I shall be informed of the Developer's decision regarding my application, without obligation on its part to furnish reason for rejection.

I understand that if my application is approved, I shall have to comply with the requirements as advised through a Document Checklist.

 (Applicant)
 (Spouse/Co-borrower)

 (Date)
 (Date)

 Comm. Tax Cert. No.: _____
 Comm. Tax Cert. No.: _____

 Date & Place Issued: _____
 Date & Place Issued: _____

 TIN Number: _____
 TIN Number: ______

I have read and agree to bind myself to the terms and conditions governing this home purchase.

Certified Complete:

Marketing Officer
(signature over printed name)