



BUYERS INFORMATION SHEET

Project _____	Network _____	Broker/SM _____
House/Unit _____	TL _____	SE _____
Unit Type _____	Date Reserved _____	OR/PR# _____
Total Contract Price _____	Payment Term: _____	

In Connection with my reservation purchase, I/We would like to be registered as follows:

<input type="checkbox"/> Solely in my name:	<input type="checkbox"/> In our Names:	<input type="checkbox"/> In the name of:
<input type="checkbox"/> Individual	SPS: _____	A corporation _____
<input type="checkbox"/> Married to _____	Co-owner: _____	A partnership _____
		Trustee Account _____

PERSONAL INFORMATION (Principal)

Last Name:	Suffix:	First Name:	Middle Name:		
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthday (MM-DD-YY):		
Type of Valid ID:	ID Number:	Date Issued (MM-DD-YY)	Place Issued:	Tax Identification No. (First 9-Digit)	Age:
Residence Address: Block/Unit No. t/Street/Road/Barangay/District City/Province					Zip Code:
<input type="checkbox"/> (Use this as mailing address)					
Landline:		Mobile Number:		Email Address:	
Office Address:					Zip Code:
<input type="checkbox"/> (Use this as mailing address)					
Landline:		Mobile Number:		Email Address:	
Other Authorized Address:					Zip Code:
<input type="checkbox"/> (Use this as mailing address)					
Education Attainment:			Last School Attended:		
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate					

Spouse's Information

Last Name:	Suffix:	First Name:	Middle Name:		
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthday (MM-DD-YY):		
Landline:		Mobile Number:		Email Address:	
Education Attainment:			Last School Attended:		
<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate					

Name of Dependents	Age	School/Employer/Business

Certified Complete:

 Marketing Officer
 (signature over printed name)



PERSONAL INFORMATION (Co-Borrower)						
Last Name:		Suffix:	First Name:			Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Natural Born Fil.		<input type="checkbox"/> Dual Citizen <input type="checkbox"/> Others	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widow <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:	Tax Identification No. (First 9-Digit)	Age:
Residence Address: Block/Unit No. t/Street/Road/Barangay/District City/Province <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Landline:		Mobile Number:		Email Address:		
Office Address: <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Landline:		Mobile Number:		Email Address:		
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:			

Spouse's Information						
Last Name:		Suffix:	First Name:			Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Natural Born Fil.		<input type="checkbox"/> Dual Citizen <input type="checkbox"/> Others	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widow <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Landline:		Mobile Number:		Email Address:		
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:			

Name of Dependents	Age	School/Employer/Business

ATTORNEY-IN-FACT (for applicants not in the country)						
Last Name:		Suffix:	First Name:			Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Natural Born Fil.		<input type="checkbox"/> Dual Citizen <input type="checkbox"/> Others	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widow <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:	Tax Identification No. (First 9-Digit)	Age:
Residence Address: Block/Unit No. t/Street/Road/Barangay/District City/Province <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Landline:		Mobile Number:		Email Address:		
Office Address: <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Landline:		Mobile Number:		Email Address:		
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)					Zip Code:	
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:			

Spouse's Information						
Last Name:		Suffix:	First Name:			Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Natural Born Fil.		<input type="checkbox"/> Dual Citizen <input type="checkbox"/> Others	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widow <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Landline:		Mobile Number:		Email Address:		
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:			

Certified Complete:

 Marketing Officer
 (signature over printed name)



CORPORATION <i>(Details must be consistent with business registration documents - e.g. SEC Registration and validated TIN)</i>				
Name:				
Principal Office Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:
Landline:	Mobile Number:	Email Address:	Tax Identification No. (First 9-Digit)	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:

Authorized Signatory 1				
Last Name:	Suffix:	First Name:		Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:
Landline:		Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:	

Authorized Signatory 2				
Last Name:	Suffix:	First Name:		Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:
Landline:		Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:	

Authorized Signatory 3				
Last Name:	Suffix:	First Name:		Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:
Landline:		Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:	

Authorized Signatory 4				
Last Name:	Suffix:	First Name:		Middle Name:
Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizen <input type="checkbox"/> Natural Born Fil. <input type="checkbox"/> Others		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Type of Valid ID:		ID Number:	Date Issued (MM-DD-YY)	Place Issued:
Landline:		Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)				Zip Code:
Education Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate			Last School Attended:	

Certified Complete:

 Marketing Officer
 (signature over printed name)



Source of Funding: <input type="checkbox"/> Local <input type="checkbox"/> International (Please specify origin) _____				
Occupation: (Please check and indicate the name of employer/business)				
Principal Buyer:		Spouse:		Co-Owner/Borrower:
<input type="checkbox"/> Businessman / Entrepreneur <input type="checkbox"/> Housewife <input type="checkbox"/> Top Executive <input type="checkbox"/> Self-Employed <input type="checkbox"/> Middle Management <input type="checkbox"/> Mixed Income Earner (<i>business income and compensation</i>) <input type="checkbox"/> Staff / Non-Office <input type="checkbox"/> Retiree <input type="checkbox"/> Others (<i>pls. specify</i>) _____		<input type="checkbox"/> Businessman / Entrepreneur <input type="checkbox"/> Housewife <input type="checkbox"/> Top Executive <input type="checkbox"/> Self-Employed <input type="checkbox"/> Middle Management <input type="checkbox"/> Mixed Income Earner (<i>business income and compensation</i>) <input type="checkbox"/> Staff / Non-Office <input type="checkbox"/> Retiree <input type="checkbox"/> Others (<i>pls. specify</i>) _____		<input type="checkbox"/> Businessman / Entrepreneur <input type="checkbox"/> Housewife <input type="checkbox"/> Top Executive <input type="checkbox"/> Self-Employed <input type="checkbox"/> Middle Management <input type="checkbox"/> Mixed Income Earner (<i>business income and compensation</i>) <input type="checkbox"/> Staff / Non-Office <input type="checkbox"/> Retiree <input type="checkbox"/> Others (<i>pls. specify</i>) _____
Specify Employer/Business Name: _____		Specify Employer/Business Name: _____		Specify Employer/Business Name: _____
Monthly Household Income: (Please check and Specify Source)				
Principal Buyer:		Spouse:		Co-Owner/Borrower:
<input type="checkbox"/> 10,000 and below <input type="checkbox"/> 11,000 - 20,000 <input type="checkbox"/> 21,000 - 40,000 <input type="checkbox"/> 41,000 - 80,000 <input type="checkbox"/> 81,000 - 100,000 <input type="checkbox"/> 100,000 - 120,000 <input type="checkbox"/> 121,000 - 250,000 <input type="checkbox"/> 251,000 - 375,000 <input type="checkbox"/> 376,000 - 500,000 <input type="checkbox"/> 501,000 and above		<input type="checkbox"/> 10,000 and below <input type="checkbox"/> 11,000 - 20,000 <input type="checkbox"/> 21,000 - 40,000 <input type="checkbox"/> 41,000 - 80,000 <input type="checkbox"/> 81,000 - 100,000 <input type="checkbox"/> 100,000 - 120,000 <input type="checkbox"/> 121,000 - 250,000 <input type="checkbox"/> 251,000 - 375,000 <input type="checkbox"/> 376,000 - 500,000 <input type="checkbox"/> 501,000 and above		<input type="checkbox"/> 10,000 and below <input type="checkbox"/> 11,000 - 20,000 <input type="checkbox"/> 21,000 - 40,000 <input type="checkbox"/> 41,000 - 80,000 <input type="checkbox"/> 81,000 - 100,000 <input type="checkbox"/> 100,000 - 120,000 <input type="checkbox"/> 121,000 - 250,000 <input type="checkbox"/> 251,000 - 375,000 <input type="checkbox"/> 376,000 - 500,000 <input type="checkbox"/> 501,000 and above
Specify Sources of Income: _____		Specify Sources of Income: _____		Specify Sources of Income: _____
Financial Reference:				
LOANS (<i>Please provide the following information on your existing and previous loans</i>)				
Name of Institution	Type of Loan	Date Granted/Paid	Outstanding Balance	Monthly Amortization
CREDIT CARDS (<i>Please provide the following information on your existing and cancelled credit cards</i>)				
Card Issuer	Credit Card Number	Credit Limit	Name of Card if other than above name	
DEPOSITS (<i>Please provide the following information on existing Savings, Checking and Time Deposits; include both peso and all other currency deposits</i>)				
Name of Bank/Institution	Branch/Contact Number	Type of Account	Account Number	Average Amt.
How did you first know about the project?				
<input type="checkbox"/> Word of mouth <input type="checkbox"/> Internet/Webpage <input type="checkbox"/> Sales Executive/Site Officer <input type="checkbox"/> Broker/Property Specialist (<i>pls. specify name</i>) <input type="checkbox"/> Brochure Referral (<i>pls. specify name</i>)		<input type="checkbox"/> Exhibit/Booth <input type="checkbox"/> Press Release <input type="checkbox"/> Flyer/Leaflet Print Ad (<i>pls. specify</i>) <input type="checkbox"/> Direct Mail <input type="checkbox"/> Other sources _____		
What is your primary purpose for buying?		Check after the following have been discussed:		
<input type="checkbox"/> Primary Home <input type="checkbox"/> Vacation / Weekend home <input type="checkbox"/> Retirement home <input type="checkbox"/> Investment (Buy and Sell) <input type="checkbox"/> Investment (for Lease) <input type="checkbox"/> Other sources (<i>pls. specify</i>) _____		<input type="checkbox"/> Reservation fee validity period <input type="checkbox"/> Penalties on default payments <input type="checkbox"/> Financing Options <input type="checkbox"/> Property line and setbacks <input type="checkbox"/> Landfilling/Backfilling <input type="checkbox"/> Change Order forms and other renovations requests		
Reason for Purchase: (Please check whichever is applicable)		Number of site visits before making this reservation:		
<input type="checkbox"/> Ideal Location <input type="checkbox"/> Ideal Masterplan <input type="checkbox"/> Quality & Elegant Products <input type="checkbox"/> Affordable Price & Flexible Payment Options <input type="checkbox"/> Fortune Real Property Project		<input type="checkbox"/> 1 visit <input type="checkbox"/> 2 visits <input type="checkbox"/> 3 visits <input type="checkbox"/> more than 3 visits <input type="checkbox"/> Not Applicable (<i>pls. specify</i>) _____		

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.

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

 (Applicant)

 (Spouse/Co-borrower)

 (Date)

 (Date)

Comm. Tax Cert. No.: _____

Comm. Tax Cert. No.: _____

Date & Place Issued: _____

Date & Place Issued: _____

TIN Number: _____

TIN Number: _____

Certified Complete:

 Marketing Officer
 (signature over printed name)