



FORTUNE AMARI LAND DEVELOPMENT CORP.  
 2nd Floor Fortune Building II CPG North Avenue, Tagbilaran City, Bohol, Philippines  
 Contact No. (038) 501-0080; (038) 427-1158

**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:		Civil Status:		Gender:		Birthday (MM-DD-YY):	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Dual Citizen	<input type="checkbox"/> Single	<input type="checkbox"/> Widow	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
<input type="checkbox"/> Natural Born Fil.	<input type="checkbox"/> Others	<input type="checkbox"/> Married	<input type="checkbox"/> Separated				
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:			
High School      College      Post Graduate							

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

Name of Dependents	Age	School/Employer/Business

**Certified Complete:**

\_\_\_\_\_  
 Marketing Officer  
 (signature over printed name)



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PERSONAL INFORMATION (Co-Borrower)					
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 <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"/> 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: <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"/> 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 <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"/> 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: <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)



<b>CORPORATION</b> <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:

<b>Authorized Signatory 1</b>			
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:			
Landline:	Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)			Zip Code:
Education Attainment: - High School      - College      - Post Graduate		Last School Attended:	

<b>Authorized Signatory 2</b>			
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:			
Landline:	Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)			Zip Code:
Education Attainment: - High School      - College      - Post Graduate		Last School Attended:	

<b>Authorized Signatory 3</b>			
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:			
Landline:	Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)			Zip Code:
Education Attainment: - High School      - College      - Post Graduate		Last School Attended:	

<b>Authorized Signatory 4</b>			
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:			
Landline:	Mobile Number:	Email Address:	
Other Authorized Address: <input type="checkbox"/> (Use this as mailing address)			Zip Code:
Education Attainment: - High School      - College      - Post Graduate		Last School Attended:	

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)