

BUYER'S INFORMATION FORM

V0606.19



UNIT DETAILS

SELLERS DATA

| | |
|------------------|------------------|
| PROJECT : | BROKER / AGENT : |
| UNIT NUMBER : | AGENT TIN : |
| PHASE / TOWER : | ADDRESS : |
| UNIT TYPE : | CONTACT NO. : |
| PAYMENT OPTION : | EMAIL ADDRESS : |
| FINANCING : | REALTY : |
| EQUITY START : | TEAM LEADER : |

PRINCIPAL BUYER

| | | | | | | | | | | | | | |
|---|--|--|---|----------------------------------|--|---|----------------------------------|--|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | |
| GIVEN NAME | | | | | | | | | | | | | |
| MIDDLE NAME | | | | | | | | | | | | | |
| PHILIPPINE TAX IDENTIFICATION NUMBER (TIN) | | | | | | | | | | | | | |
| TIN ENGAGED IN BUSINESS | <input type="checkbox"/> NO / IF YES <input type="checkbox"/> SINGLE PROP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP. | | | | | | | | | | | | |
| PHILIPPINE ADDRESS - PRIORITY FOREIGNER WITH NO PH ADDRESS, PROJECT ADDRESS WILL APPEAR ON INVOICES | HOUSE NO. | | | SUBDIVISION/BLDG/STREET | | | | | | BARANGAY | | | |
| | CITY | | | PROVINCE | | | | | | POSTAL CODE | | | |
| FOREIGN ADDRESS (OPTIONAL) | | | | | | | | | | | | | |
| CONTACT NUMBER | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | |
| BIRTHDATE (MM/DD/YEAR) | | | / | | | / | | | | | | | |
| CIVIL STATUS | <input type="checkbox"/> SINGLE | | | <input type="checkbox"/> MARRIED | | | <input type="checkbox"/> WIDOWED | | | <input type="checkbox"/> LEGALLY SEPARATED | | | |
| CITIZENSHIP / RELIGION | / | | | | | | | | | | | | |
| GENDER | <input type="checkbox"/> MALE | | | <input type="checkbox"/> FEMALE | | | | | | | | | |
| EMPLOYMENTTYPE | <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OFW | | | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | | | | | | |
| EMPLOYER/OFFICE ADDRESS | | | | | | | | | | | | | |
| EMPLOYER'S/OFFICE CONTACT NUMBER | | | | | | | | | | | | | |
| MONTHLY SALARY / DESIGNATION | / | | | | | | | | | | | | |

SPOUSE

| | | | | | | | | | | | | | |
|----------------------------------|--|--|---|---------------------------------|--|---|--|--|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | |
| GIVEN NAME | | | | | | | | | | | | | |
| MIDDLE NAME | | | | | | | | | | | | | |
| SPOUSE TIN | | | | | | | | | | | | | |
| CONTACT NUMBER / CITIZENSHIP | / | | | | | | | | | | | | |
| BIRTHDATE (MM/DD/YEAR) | | | / | | | / | | | | | | | |
| GENDER | <input type="checkbox"/> MALE | | | <input type="checkbox"/> FEMALE | | | | | | | | | |
| EMPLOYMENTTYPE | <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OFW | | | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | | | | | | |
| EMPLOYER/OFFICE ADDRESS | | | | | | | | | | | | | |
| EMPLOYER'S/OFFICE CONTACT NUMBER | | | | | | | | | | | | | |
| MONTHLY SALARY / DESIGNATION | / | | | | | | | | | | | | |

ATTORNEY-IN-FACT : required _____ yes / _____ no

| | | | |
|----------------|------------------------|------------|-------------|
| NAME | SURNAME | GIVEN NAME | MIDDLE NAME |
| CONTACT NUMBER | | | |
| EMAIL ADDRESS | | | |
| ADDRESS | HOUSE NO. /FLOOR/BDLG. | STREET | BARANGAY |
| | CITY | PROVINCE | POSTAL CODE |

CORPORATE BUYER

| | | | | | | | | | | | | | | | | | | | |
|--|-------------|--------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|
| NAME OF CORPORATION | | | | | | | | | | | | | | | | | | | |
| TIN - PHILIPPINE TAX IDENTIFICATION NUMBER | | | | | | | | | | | | | | | | | | | |
| OFFICE ADDRESS | FLOOR/BDLG. | SUBDIVISION/STREET | | | | | | | | | | BARANGAY | | | | | | | |
| | CITY | PROVINCE | | | | | | | | | | POSTAL CODE | | | | | | | |
| CONTACT NUMBER | | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | |

AUTHORIZED SIGNATORY OF CORPORATION

| | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LAST NAME | | | | | | | | | | | | | | | | | | |
| GIVEN NAME | | | | | | | | | | | | | | | | | | |
| MIDDLE NAME | | | | | | | | | | | | | | | | | | |
| DESIGNATION | | | | | | | | | | | | | | | | | | |
| CONTACT NUMBER | | | | | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | |

ACKNOWLEDGEMENT

I acknowledge that the foregoing informtaion are true and correct. **When TIN supplied is invalid, buyer shall shoulder whatever penalties implied by BIR.**

PRINCIPAL BUYER'S SIGNATURE OVER PRINTED NAME
DATE SIGNED : _____

DO NOT FILL-OUT ANYTHING BELOW (FOR DEVELOPER'S USE ONLY)

| | |
|--------------------------|--|
| SALES IN CHARGE : | |
| TIN ABOVE SUPPLIED WITH: | <input type="checkbox"/> PRINCIPAL BUYER'S BIR ID <input type="checkbox"/> TIN FOR VERIFICATION (WITH FORM 1904) <input type="checkbox"/> NO TIN, FOR BIR PROCESSING ___ BIR 1904 FORM ___ 2 VALID IDs ___ Birth Date _____ |