COGON PLAINS											
					Cogon Cı	ruz Danao Ci	ty				
BUYER INFORMATION						SPOUSE INFORMATION					
LAST NAME FIRST NAME		TNAME	IE MIDDLE		LAST NAME		FIRST NAME		MIDDLE		
NICKNAME CONTACT NUMBERS						NICKNAME		CONTACT NUM	BERS		
MOBILE: LANDLINE:							MOBILE:				
VIBER:							LANDLINE: VIBER:				
COMPLETE ADDRESS						COMPLETE ADDRESS					
EMAIL ADDRESS FACEBOOK ACCOUNT						EMAIL ADDRESS			FACEBOOK ACCOUNT		
ĪN		CIVIL STATUS				TIN			CIVIL STATUS		
			<u></u>				T .	T			
GENDER	AGE	DATE OF E	BIRTH	PLACE OF BIRTI	H	GENDER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
CITIZENSHIP		EDUCATIONAL ATTAINM		I MENT		CITIZENSHIP		EDUCATIONAL ATTAINMENT			
		ELEMI	ENTARY	COLLEGE NONE				ELEMENTARY COLLEGE NON		COLLEGE NONE	
			SCHOOL	POST GRAI	DUATE	DIA NICIO IT		HIGHSCHOOL POST GRADUATE EE(3) REASONS FOR CHOOSING DREAMHOMES:			
1)	NUMBER OF	CHILDREN	I/DEPENDENT	S:		PLS IND	ICAIE TOP THE	(ee(3) REASONS I	OR CHOOS	ING DREAMHOMES:	
2)						LOCATION QUALITY OF MATERIALS USED					
						DESIGN OF UNIT PRICE OF UNIT					
3) 4)						DESIGN OF UNIT  SIZE OF LAYOUT/FLOOR AREA  GOOD REPUTATION OF COMPANY					
<del>)</del> 5)						QUALITY OF WORK GOOD AFTER SALES SUPPORT					
5)						FRIENDLY STAFF OTHERS					
7)						1 _					
)						-					
DCCUPATION OF BUYER						OCCUPATION OF SPOUSE					
EMPLOYED SELF-EMPLOYED OTHERS						EMPLOYED SELF-EMPLOYED OTHERS					
OFW CORPORATION						OFW CORPORATION					
						FOR EMPLOYED  COMPANY NAME:					
						DESIGNATION:					
CONTACT NUMBER:						CONTACT NUMBER:					
						FOR SELF-EMPLOYED					
NATURE OF BUSINESS:						NATURE OF BUSINESS:					
TYPE OF BUSINESS  SINGLE PROPRIETORSHIP PARTNERSHIP CORPORATION						TYPE OF BUSINESS					
		PAR	TNERSHIP	CORPOR.	AIION	SINGLE PRO	PRIETORSHIP	PARTNERS	HIP	CORPORATION	
ATTORNEY-IN-FACT  LASTNAME, FIRST NAME, MIDDLE  CONTACT NUMBER											
CONTACT 1									∩ BLIVED		
COMPLETE ADDRESS					EMAIL ADDI			RELATIONSHIP TO BUYER  SPOUSE SIBLING			
JOHN LEIL ADDINESS					2.717 NE ADDI	· <del></del>		PARENT OTHERS			
								CHILD			
MONTLY INCOM	NE .			BUY	ER	SPOL	ISE		TOTAL		
BASIC INCOME						5, 50			·VIAL		
ALLOWANCES/COMMISSION											
NET MONTHLY INCOME											
iving expenses Ental											
ransportation											
OAN AMORTIZATION											
DTHERS											
OTAL EXPENSES											
NET DISPOSABLE	INCOME										
OTHER INCOME											
BANK INFORMA 1)	IION (AT LEAS	ST THREE AC	LIIVE ACCOL	INTS)							
2)											
3)											
hereby certify	that the infor	mation abo	ove are true o	and correct.							
( Sign	( Signature over printed name )							( Sig		r printed name )	
	BUYER	₹				SPOUSE					