

## MLD DREAM BUILDERS INC.

Rm 102 Advent Business Center, #139 Acacia St., Kamputhaw Cebu City www.mlddreambuilders.com; contact nos: (032)232-1655,telefax (032)231-5242; mlddreambuilders@gmail.com;

BUYER INFORMATION  LAST NAME		FIRST NAME MIDDLE			JI E	SPOUSE INFORMATION  LAST NAME		FIRST 1	JAME	MIDDLE	
L/OT 10	-VVIL	1110	I IV/VVIL	MIDL	JLL	LAST	IV/VVL	TIKOTT	N/ UVIL	MIDDLL	
		_									
NICKNAME	CONTACT NUMBERS MOBILE:				NICKNAME		CONTACT NUN MOBILE:	CONTACT NUMBERS			
		LANDLINE: VIBER:							LANDLINE: VIBER:		
COMPLETE PHILIPPINES ADDRESS						COMPLETE PHI	LIPPINES ADD	RESS			
EMAIL ADDRESS FACEBOOK ACCOUNT					EMAIL ADDRESS FACEBOOK ACCOUNT						
TIAL CIVIL CTATLIC					TIV 1	TINI			CIVIL STATUS		
TIN			CIVIL STATU			TIN			CIVIL STATUS		
GENDER	AGE	DATE OF E	BIRTH	PLACE OF BIRTI	Н	GENDER	AGE	DATE OF BIRTH	1	PLACE OF BIRTH	
CITIZENSHIP		EDUCATIONAL ATTAINMENT				CITIZENSHIP		EDUCATIONAL			
		ELEMENTARY COLLEGE NONE						ELEMENTAL			
		HIGHSCHOOL POST GRADUATE				DI 2 INI	DICATE TOD T		HIGHSCHOOL POST GRADUATE  PEF(3) REASONS FOR CHOOSING DREAMHOMES:		
NUMBER OF CHILDREN/DEPENDENTS:  1)						PLS INDICATE TOP THREE(3) REASONS FOR CHOOSING DREAMHOMES:					
						†	LOCATION		QUALITY	OF MATERIALS USED	
2)						DESIGN OF U			PRICE O		
3)						┤				REPUTATION OF COMPANY	
4)						┤					
5)						QUALITY OF WORK			GOOD AFTER SALES SUPPORT  OTHERS		
6)						_	FRIENDLY S	IAFF	U OTHERS		
7)						_				<del></del>	
8) OCCUPATION OF RUYER						OCCUPATION OF SPOUSE					
OCCUPATION OF BUYER  EMPLOYED SELF-EMPLOYED OTHERS						EMPLOYED SELF-EMPLOYED OTHERS					
OFW CORPORATION						OFW CORPORATION					
						FOR EMPLOYED					
COMPANY NAME:						COMPANY NAME:					
DESIGNATION:						DESIGNATION:					
CONTACT NUMBER:						CONTACT NUMBER:					
FOR SELF-EMPLOYED						FOR SELF-EMPLOYED					
						NATURE OF BUSINESS:					
type of business  single proprietorship partnership corporation						TYPE OF BUSINESS SINGLE PROPRIETORSHIP PARTNERSHIP CORPORATION					
ATTORNEY-IN-FA		PARI	INEKSHIP	CORPORA	AIION	SINGLEF	OFRIEIORSH	IF PARINERS	HIP	CORPORATION	
		DLE			CONTACT N	NUMBER		<u> </u>			
LASTNAME, FIRST NAME, MIDDLE CONTACT N									TO DUVED		
COMPLETE ADDRESS EMAIL ADDR					DECC			RELATIONSHIP TO BUYER  SPOUSE SIBLING			
COMPLETE ADD		EMA			KESS		PARENT	OTHI			
								CHILD			
MONTLY INCOM	NE .										
D.4010 1115 = 1				BUY	ER	SPC	DUSE		TOTAL		
BASIC INCOME											
ALLOWANCES/C	COMMISSION	1									
NET MONTHLY IN	ICOME										
LIVING EXPENSES											
RENTAL											
TRANSPORTATION											
Loan amortiza	ATION										
OTHERS											
TOTAL EXPENSES	•										
NET DISPOSABLE	INCOME										
OTHER INCOME											
BANK INFORMA	TION (AT LEA	ST THREE A	CTIVE ACCC	DUNTS)							
1)	(AT LEA	O THREE A	JIIVE ACCO	- Tilly							
2)											
3)			•								
16											
I hereby certify	tnat the infor	mation ab	ove are true	ana correct.							

I hereby certify that the information above are true and correct.

( Signature over printed name )

( Signature over printed name )

BUYER

SPOUSE