

# BUYER'S INFORMATION SHEET



<b>PROJECT</b>							Broker/Agent: _____	
				AREA			Realty: _____	
PHASE	BLOCK	LOT	MODEL	LOT	FLOOR	TYPE	Contact no. _____	
				sqm	sqm		Email _____	
BUILDING	LEVEL	TYPE	MODEL	AREA	<i>note: to be filled in by sales person</i>			T.I.N. no. _____
				sqm				Address _____
							Team Leader _____	

BUYER							
LAST NAME		GIVEN NAME/S			MIDDLE NAME		SALUTATION
							Mr/Ms/Mrs/Engr/Atty/Dr/etc
BIRTHDATE		AGE	GENDER	CIVIL STATUS		CITIZENSHIP	PLACE OF BIRTH
mm      dd      yyyy			M   F	single      married      widowed      legally separated			
HOME ADDRESS							
house/apartment/room number/lot/block no.		subdivision/building/street		barangay/district		city	province      post code
LANDLINE NUMBER		MOBILE NUMBER		FAX NUMBER		EMAIL ADDRESS	
PERIOD OF RESIDENCY		HOME OWNERSHIP			Primary contact: landline   mobile   fax   email		
year/s      month/s		owned      mortgaged      rented      w/ relatives			Secondary contact: home address   office address		
TIN		SSS / GSIS		HDMF / Pag-ibig	PASSPORT NUMBER	PLACE OF ISSUE	VALID UNTIL
RESIDENCE CERTIFICATE NUMBER		DATE OF ISSUE		PLACE OF ISSUE	notes:		
EMPLOYMENT		EMPLOYER'S NAME			EMPLOYER'S BUSINESS ADDRESS		
Employed							
Self-employed		NATURE OF BUSINESS		EMPLOYMENT TYPE	EMPLOYER'S LANDLINE NUMBER		
Retired							
OFW		DESIGNATION		YEARS WITH PRESENT EMPLOYER	notes:		
Others _____							

SPOUSE							
LAST NAME		GIVEN NAME/S			MIDDLE NAME		SALUTATION
							Mr/Ms/Mrs/Engr/Atty/Dr/etc
BIRTHDATE		AGE	GENDER	CIVIL STATUS		CITIZENSHIP	PLACE OF BIRTH
mm      dd      yyyy			M   F	single      married      widowed      legally separated			
HOME ADDRESS							
house/apartment/room number/lot/block no.		subdivision/building/street		barangay/district		city	province      post code
LANDLINE NUMBER		MOBILE NUMBER		FAX NUMBER		EMAIL ADDRESS	
PERIOD OF RESIDENCY		HOME OWNERSHIP			Primary contact: landline   mobile   fax   email		
year/s      month/s		owned      mortgaged      rented      w/ relatives			Secondary contact: home address   office address		
TIN		SSS / GSIS		HDMF / Pag-ibig	PASSPORT NUMBER	PLACE OF ISSUE	VALID UNTIL
RESIDENCE CERTIFICATE NUMBER		DATE OF ISSUE		PLACE OF ISSUE	notes:		
EMPLOYMENT		EMPLOYER'S NAME			EMPLOYER'S BUSINESS ADDRESS		
Employed							
Self-employed		NATURE OF BUSINESS		EMPLOYMENT TYPE	EMPLOYER'S LANDLINE NUMBER		
Retired							
OFW		DESIGNATION		YEARS WITH PRESENT EMPLOYER	notes:		
Others _____							

DEPENDENT/S <small>(please use separate sheet as needed)</small>							
LAST NAME	GIVEN NAME/S	MIDDLE NAME	DATE OF BIRTH	AGE	SCHOOL / EMPLOYER		

ATTORNEY-IN-FACT (where applicable)							
LAST NAME		GIVEN NAME/S			MIDDLE NAME		SALUTATION
							Mr/Ms/Mrs/Engr/Atty/Dr/etc
PRINCIPAL ADDRESS							
house/apartment/room number/lot/block no.		subdivision/building/street		barangay/district		city	province      post code
SECONDARY ADDRESS <small>(if an address other than the principal office will be used for purposes of an Agreement)</small>							
house/apartment/room number/lot/block no.		subdivision/building/street		barangay/district		city	province      post code
LANDLINE NUMBER		MOBILE NUMBER		FAX NUMBER		EMAIL ADDRESS	
TIN		RESIDENCE CERTIFICATE NUMBER		DATE OF ISSUE	PLACE OF ISSUE	notes:	

# BUYER'S INFORMATION SHEET



PRINCIPAL'S / SPOUSE'S OTHER ASSETS <small>(real properties / transportation / shares of stocks / investment instruments / insurance policies / etc.) use separate sheet as needed</small>			
TYPE	LOCATION <small>where applicable</small>	OWNERSHIP <small>where applicable</small>	
		owned	mortgaged
		owned	mortgaged
		owned	mortgaged
		owned	mortgaged

CORPORATE PURCHASE (where applicable)					
NAME OF CORPORATION					
PRINCIPAL ADDRESS					
house/apartment/room number/lot/block no.	subdivision/building/street	barangay/district	city	province	post code
SECONDARY ADDRESS <small>(if an address other than the principal office will be used for purposes of an Agreement)</small>					
house/apartment/room number/lot/block no.	subdivision/building/street	barangay/district	city	province	post code
LANDLINE NUMBER	MOBILE NUMBER	FAX NUMBER	EMAIL ADDRESS		
TIN	RESIDENCE CERTIFICATE NUMBER	DATE OF ISSUE	PLACE OF ISSUE	notes:	
AUTHORIZED SIGNATORY / ATTORNEY-IN-FACT					
LAST NAME		GIVEN NAME/S		MIDDLE NAME	
BIRTHDATE		AGE	GENDER	CIVIL STATUS	CITIZENSHIP
mm	dd	yyyy	M   F	single married widowed legally separated	PLACE OF BIRTH
PERMANENT ADDRESS					
house/apartment/room number/lot/block no.	subdivision/building/street	barangay/district	city	province	post code
LANDLINE NUMBER	MOBILE NUMBER	FAX NUMBER	EMAIL ADDRESS		
TIN	RESIDENCE CERTIFICATE NUMBER	DATE OF ISSUE	PLACE OF ISSUE	notes:	

SPECIAL INSTRUCTIONS	
In connection with my reservation and purchase of the Property, I/We would like the purchase to be registered as follows:	
<input type="checkbox"/> Solely in my name:	<input type="checkbox"/> In our names:
<input type="checkbox"/> Individual	<input type="checkbox"/> Spouses
<input type="checkbox"/> Married to _____	<input type="checkbox"/> Corporation/Partnership _____
<input type="checkbox"/> _____	<input type="checkbox"/> Co-Owners _____
<input type="checkbox"/> _____	<input type="checkbox"/> Trust account _____

MONTHLY INCOME AND EXPENSES <small>(use separate sheet as needed)</small>			
INCOME	Principal	Spouse	Total
Salary			
Commissions			
Allowances			
Others			
Gross Income			
Less: Taxes and			
Gov't Deductions			
Net Take Home Pay			

  

EXPENSES	
Food	
Clothing	
Rental	
Light	
Water	
Telephone/Internet/Cellular	
Cable	
Education	
Medical	
Transportation	
Recreation	
Insurance	
Other payables	
Other Mortgages	
Total Expenses	

  

SUMMARY	
Net Pay	
Less: Total Expenses	
<b>NET INCOME</b>	

ENGAGED IN BUSINESS?			
<input type="checkbox"/> Yes/No	TYPE:	<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation	
PURPOSE OF PURCHASE			
<input type="checkbox"/> PERSONAL	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Investment (Lease)	<input type="checkbox"/> Endowment (Gift)
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> Secondary Residence	<input type="checkbox"/> Investment (Resale)	<input type="checkbox"/> Others <small>(please specify)</small> _____
	<input type="checkbox"/> Other Family Members	<input type="checkbox"/> Office	

ACKNOWLEDGEMENT			
I acknowledge that the foregoing information are true and correct.			
Principal Signature Over Printed Name	Date	Sales-in-Charge Signature Over Printed Name	Date