



BUYER INFORMATION FORM FOR INDIVIDUAL PURCHASERS (BI-I)

Project: _____ Reference No.: _____

PRINCIPAL BUYER *Please indicate the Full Name to appear in all legal documents.*

| | | | | | |
|--|------------------------------|---|--|---|--|
| Last Name: _____ | | First Name: _____ | | Middle/Maiden Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Age: _____ | Birth Date (mm/dd/yy): _____ | Birthplace (City/Province): _____ | | Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino (Please specify) _____ | |
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower | | No. of Dependents: _____ | <input type="checkbox"/> With Child/Children & Ages: _____ <input type="checkbox"/> NONE | | |
| Present Billing Address: _____ | | | | | <input type="checkbox"/> Owned |
| No., Street, Subd., Brgy: _____ | | | | | <input type="checkbox"/> Rented |
| City/Municipality, Province: _____ Country: _____ ZIP Code: _____ | | | | | <input type="checkbox"/> Living w/ Relatives |
| Landline: _____ | | Mobile: _____ | Fax: _____ | Email Address: _____ | |
| Tax Identification Number (TIN): _____ | | Passport No.: _____ | Pag-ibig Number: _____ | SSS or other Gov't.-issued ID No.: _____ | |
| Highest Educational Attainment: <input type="checkbox"/> Post Graduate <input type="checkbox"/> Tertiary Graduate <input type="checkbox"/> Vocational Graduate <input type="checkbox"/> Secondary Graduate | | <input type="checkbox"/> Primary Graduate <input type="checkbox"/> Other (Please specify) _____ | | | |
| School/University: _____ | | Course/Degree: _____ | | Year: _____ | |
| Religion: _____ | | Hobbies/Sports/Interests: _____ | | Associations/Clubs/Organizations: _____ | |
| Employment Type: <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify): _____ | | | | | Years Employed or in Business: _____ |
| Job Title/Position: _____ Occupation: _____ | | | | | |
| Employer/Business Name: _____ | | | Nature of Business/Industry: _____ | | |
| Company/Business Address: _____ | | | | | Send Billing or SOA letter to this address: |
| No., Street, Subd., Brgy: _____ | | | | | <input type="checkbox"/> Principal Buyer <input type="checkbox"/> HOME |
| City/Municipality, Province: _____ Country: _____ ZIP Code: _____ | | | | | <input type="checkbox"/> Spouse <input type="checkbox"/> OFFICE |
| | | | | | <input type="checkbox"/> Co-Borrower / Buyer's Representative |

SPOUSE (If Applicable): *Please indicate the Full Name to appear in all documents*

| | | | | | |
|---|------------------------------|--------------------------------------|------------------------------------|---|--|
| Last Name: _____ | | First Name: _____ | | Middle/Maiden Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Age: _____ | Birth Date (mm/dd/yy): _____ | Birthplace (City or Province): _____ | | Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino (Please specify) _____ | |
| Present Billing Address: _____ | | | | | <input type="checkbox"/> Owned |
| No., Street, Subd., Brgy: _____ | | | | | <input type="checkbox"/> Rented |
| City/Municipality, Province: _____ Country: _____ ZIP Code: _____ | | | | | <input type="checkbox"/> Living w/ Relatives |
| Landline: _____ | | Mobile: _____ | Fax: _____ | Email Address: _____ | |
| Tax Identification Number (TIN): _____ | | Passport No.: _____ | Pag-ibig Number: _____ | SSS or other Gov't.-issued ID No.: _____ | |
| Religion: _____ | | Hobbies/Sports/Interests: _____ | | Associations/Clubs/Organizations: _____ | |
| Employment Type: <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify): _____ | | | | | Years Employed or in Business: _____ |
| Job Title/Position: _____ Occupation: _____ | | | | | |
| Employer/Business Name: _____ | | | Nature of Business/Industry: _____ | | |
| Company/Business Address: _____ | | | | | |
| No., Street, Subd., Brgy: _____ | | | | | |
| City/Municipality, Province: _____ Country: _____ ZIP Code: _____ | | | | | |
| I/We would like the Reservation / Purchase of the Property to be registered as follows: | | | | | |
| <input type="checkbox"/> Solely in my name <input type="checkbox"/> In Both our Names as Spouses | | | | | |
| <input type="checkbox"/> In the name/s of: _____ who is my (Relationship) _____ | | | | | |

SOURCE OF PAYMENT

| | |
|---|---|
| <input type="checkbox"/> Income | <input type="checkbox"/> From Relatives |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Remittance |
| <input type="checkbox"/> Loan (Please specify): _____ | |
| <input type="checkbox"/> Others (Please specify): _____ | |

TOTAL HOUSEHOLD MONTHLY INCOME

| | |
|----------------------------------|---------------------------------------|
| | Principal (combine Spouse if Married) |
| Basic Salary | _____ |
| Allowances | _____ |
| Business Income | _____ |
| Professional Fee | _____ |
| Total Estimated Monthly Expenses | _____ |
| Others (Please specify): _____ | _____ |
| Total Household Monthly Income | _____ |

CO-BORROWER (If Applicable) *Please indicate the Full Name to appear in all legal documents.*

| | | | | | |
|--|------------------------|---|------------------------------|---|----------------------------------|
| Last Name: | | First Name: | | Middle/Maiden Name: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Age: | Birth Date (mm/dd/yy): | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower | | Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino (Please specify): _____ | |
| Present Billing Address: <input type="checkbox"/> Owned No., Street, Subd., Brgy: _____ <input type="checkbox"/> Rented City/Municipality, Province: _____ Country: _____ ZIP Code: _____ <input type="checkbox"/> Living w/ Relatives | | | | | |
| Landline: | | Mobile: | | Fax: _____ Email Address: _____ | |
| Tax Identification Number (TIN): | | Passport No.: | Pag-ibig Number: | SSS or other Gov't.-issued ID No.: | Relationship to Principal Buyer: |
| Employment Type: <input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Please specify): _____ | | | | | Years Employed or in Business: |
| Job Title/Position: _____ | | | Occupation: _____ | | |
| Employer/Business Name: | | | Nature of Business/Industry: | | |
| Company/Business Address: No., Street, Subd., Brgy: _____ City/Municipality, Province: _____ Country: _____ ZIP Code: _____ | | | | | |

BUYER'S REPRESENTATIVE (If Applicable) *Please attached Attorney-in-fact / Special Power of Attorney (SPA).*

| | | | | | |
|--|------------------------|---|--|---|--|
| Last Name: | | First Name: | | Middle/Maiden Name: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Age: | Birth Date (mm/dd/yy): | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower | | Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> Non-Filipino (Please specify): _____ | |
| Present Billing Address: <input type="checkbox"/> Owned No., Street, Subd., Brgy: _____ <input type="checkbox"/> Rented City/Municipality, Province: _____ Country: _____ ZIP Code: _____ <input type="checkbox"/> Living w/ Relatives | | | | | |
| Any Two Valid Government ID Number: <small>(SSS, GSIS, Pag-ibig, Postal, Passport, Driver's License and etc.)</small> | | | | Relationship to Principal Buyer: | |
| Landline: | | Mobile: | | Fax: _____ Email Address: _____ | |

PLEASE SKETCH A MAP OF YOUR NEIGHBORHOOD FROM YOUR PERMANENT ADDRESS:

CERTIFIED TRUE AND CORRECT BY:

By Authorized Signatory:

- PRINCIPAL BUYER:
- BUYER'S REPRESENTATIVE (SPA)

MARITAL CONSENT:

Signature over Printed Name Date

Signature over Printed Name Date

CO-BORROWER:

Signature over Printed Name Date

*All personal information collected by this form is done so exclusively with your consent to appropriately process your reservation of units and present you with the information you've provided. Please note that we will use and apply the appropriate security measures to preserve the confidentiality of your information.