



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: <input type="checkbox"/> Principal Buyer <input type="checkbox"/> HOME <input type="checkbox"/> Spouse <input type="checkbox"/> OFFICE <input type="checkbox"/> Co-Borrower / Buyer's Representative
No., Street, Subd., Brgy: _____					
City/Municipality, Province: _____ Country: _____ ZIP Code: _____					

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.