FORM #2



BUYER'S INFORMATION SHEET with CONDITIONAL RESERVATION PLEASE READ CAREFULLY. COMPLETE ALL INFORMATION NEEDED. RESERVATION FEE IS NON-REFUNDABLE.

Project Name	Phase				Residenti	ial-Corner 0	Comm	ercial C	Commercial-Corner Others
Unit No. House Model	Lot Area Selling Price	-	Sales Agent Division Mar						Accreditation No.: Email Ad.:
		E	Broker/Sr. [Contact No.:
Pag-IBIG		In-Hou		FINA	Cash	SCHEME		Bank	Provident
For Pag-IBIG Scheme:	HDMF Branci		monthly cor		s are ren	nitted/paid):			_
Pag-IBIG Membership: An active Pag-IBIG mem			Em	ployee		nonthly contribu		,	Best time to call:
Number of months memb				's share 's share			no.: _ Prov	ident	MID Number:
Less than 24 mos.				J-IBIG O	erseas F	Program			
Last Name:	PRINCIPA	AL APP				Middle I			Maiden Name:
Home Address:		1						•	
Provincial Address:							_	Email Addre	SS:
Home ownership:				Length	Telepho	one No/s.:			Mobile No/s.:
Owned	Rented, P_		per mo.	of stay:	Birth Da			Age:	Birth place:
Living w/ relatives Civil Status:	Others			Sex:		lationality:		1.	Religion:
Single	Married		rears	Tax Ide		n Number:		SS	S/GSIS Number:
Widow/er year		ited	_ years	TOX TOO	munoduoi	Transor.			eferred Mailing Address:
in elementary		high scho	ool	in co		not yet			Residence Office
Father's Name:						Mother's Name:			
Parents' Address:								Telephone N	umber/s:
Source of Income: Employed					Self-E	mployed [] So	le Proprietor	ship with 2 years ITR, AFS, O.R.
Professional, specify Employer/Business Name						Nature of Busine] Pa	rtnership Co	rporation with 2 years ITR, AFS, O.R.
Business Address:						J G. Dualit			
Position:			Don. :	- mts				Date 11	lease in enception
			Departme	ent:					ears in operation:
Telephone Number/s:		Appoin Re				OFW		Place of wor	rk: Others
Facsimile:			obationary ontractual/Pi	roiect ha		More than 2 year	ars	Field Overse	
Any secondary employer			nili actualir i	гојест ва	seu			☐ Overse	as
Yes Secondary Employer:	☐ No				Nature	e of Business:			
Business Address:							_	Telephone N	lumber/s:
Position:			Departme	ant:				Date hired:	turiburis.
Appointment:			Place of					dule of work	
Regular	OFW		Offic		Others	.	Suite	dule of work	
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Probationary Contractual/Project I	More than 2 ye based	ears	Field	i rseas					
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Salary Loan:	Multi-purpose Loan:		NS/OTHER PA Housing Loan:		
SSS/GSIS P	Pag-IBIG P		Pag-IBIG P		[] Date of loan approval [] Date of last payment
[] Date of last payment Others P	[] Date of last payment Car Loan P		Others P specify location of	of property, creditor	
specify,	specify creditor		-,,		
Date of last payment	[] Date of last payment				
Name of Bank	Branch/Address	BANK AC	COUNTS (inc Account Type	dicate three most Year Opened	active accounts) Monthly Average Balance
or bank	Didnos/Addition	+	ype	opened	
Card Company	Bank Issuer	CREDIT	CARDS (inc	dicate three most Year Opened	active cards) Monthly Payment
Card Company	Darik issuer		Credit Limit	rear Openeu	Monthly Payment
		No Have	Ou ever been impri		No If yes, please indicate th
	oligation? Yes No If yes		ate the creditor's	name, nature, am	ount involved and due date
Was your bank account	ever closed because of mishandling	g or issuance o	f bouncing checks?	Yes No	If yes, please indicate the
bank's name, amount a	and date card/s that has/have been cancelled	d with balance	uncottlod? Dvo	n No If you	places indicate bank issuer
	cancellation and unsettled amou		unsculed!	.s	picase maicate bank issuel,
	Cl	HARACTER	REFERENCE		
	hree (3) references preferably resid	ling or working	within Greater Met	opolitan Manila or	CALABARZON Area
Complete Name: Relationship:					
Relationship: Address:					
Telephone No./Mobile No.:					
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For Self-employed: India	ate three (3) of your current Supplie			in Greater Metropo	litan Manila or CALABARZON Area
Complete Name:					
Business Name:					
Business Address:		-			
Telephone Number/s:		DECLUSION	ICNATURE		
PRINCIPAL BORROW		MEGIMEN S	IGNATURE CO- BOR	ROWER	ATTORNEY-IN-FACT
AL BORROW			00-001		ONNET-INTAGE
The undersig					erein from Phinma Property Holdings
	rements Signed Buyer's Information Sheet (ion Agreement (RA) (id gov't issued ID (SSS, UMID, GS se, PRC ID, Passport etc.) – spouses of income (Payslip, CEC, ITR 2 of Remittance)		Self-Employ 1.6 Signed CTS 1.7 Fully filled-o	/ed) S out HLA with MID N	Audited Financial Statement (If
1.4 Copy of proof Contract, Proof	of income (Payslip, CEC, ITR 2 of Remittance)	316, Valid	1.8 Signed Initia	al Computation	(a. (a. r. 5 a)
Full Documentary R	equirements – 30 Days from Date				
Employed 1.1 Original copy	of Notarized & Itemized Cer	tificate of	1.13 Photocopy applicable f	of Working Vis or OFW	a/Permit or Residence ID -
1.2 Certified True Co	n Compensation (CEC) ppy of payslip – for government em	ployee	Self-Employed		
1.4 Photocopy of lat	of 1X1 size ID pictures est proof of Billing Address		attached al	lotted FS	BIR 1701 Form with Receipt &
1.5 Photocopy of BI	R Form 1904 verified by BIR repre- led	Seritative -	1.2 Copy of Bu	L Certification	
spouses, if marri			1.3 Copy of DT		Ct-tt
 1.6 Photocopy of Bir 1.7 Photocopy of Ma 	th Certificate – spouses, if married arriage Certificate – if married		1.3 Copy of DT 1.4 Copy of late 1.5 Copy of SE	est 6 months Bank C CERT & Board R	esolution - for Corporate accounts
1.6 Photocopy of Bir 1.7 Photocopy of Ma 1.8 Photocopy of (Child/Children)	arriage Certificate – if married CENOMAR – if with declared	dependent	1.3 Copy of DT 1.4 Copy of late 1.5 Copy of SE 1.6 Copy of Art 1.7 3 Trade Re	est 6 months Bank C CERT & Board Ri icles & BI-Laws – f ferences	esolution – for Corporate accounts or Corporate accounts
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