

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

**FORM #2**

CHOSEN UNIT AND BROKER					
Project Name		Phase	<input type="checkbox"/> Residential <input type="checkbox"/> Residential-Corner <input type="checkbox"/> Commercial <input type="checkbox"/> Commercial-Corner <input type="checkbox"/> Others		
Unit No.		House Model	Selling Price		Accreditation No.:
			Division Manager:		Email Ad.:
			Broker / Sr. Division Manager:		Contact No.:
FINANCING SCHEME					
<input type="checkbox"/> Pag-IBIG <input type="checkbox"/> In-House <input type="checkbox"/> Cash <input type="checkbox"/> Bank <input type="checkbox"/> Provident					
For Pag-IBIG Scheme: HDMF Branch (where monthly contributions are remitted/paid):					
Pag-IBIG Membership:		Type of membership and monthly contribution		Best time to call:	
An active Pag-IBIG member:		<input type="checkbox"/> Employee <input type="checkbox"/> Voluntary			
<input type="checkbox"/> Yes <input type="checkbox"/> No		EE's share: P _____ P/mo.: _____			
Number of months member:		ER's share: P _____ <input type="checkbox"/> Provident		MID Number:	
<input type="checkbox"/> Less than 24 mos. <input type="checkbox"/> More than 24 mos.		<input type="checkbox"/> Pag-IBIG Overseas Program			
<input type="checkbox"/> PRINCIPAL APPLICANT			<input type="checkbox"/> CO-MAKER ADDITIONAL INCOME		
Last Name:		First Name:	Middle Name:	Maiden Name:	
Home Address:					
Provincial Address:				Email Address:	
Home ownership:		Length of stay:	Telephone No/s.:		Mobile No/s.:
<input type="checkbox"/> Owned <input type="checkbox"/> Rented, P _____ per mo.					
<input type="checkbox"/> Living w/ relatives <input type="checkbox"/> Others		Birth Date:	Age:	Birth place:	
Civil Status:		Sex:	Nationality:	Religion:	
<input type="checkbox"/> Single <input type="checkbox"/> Married _____ years					
<input type="checkbox"/> Widower _____ years <input type="checkbox"/> Separated _____ years		Tax Identification Number:		SSS/GSIS Number:	
Total Number of Dependents: _____		_____ in elementary   _____ in high school   _____ in college   _____ not yet studying		Preferred Mailing Address:	
				<input type="checkbox"/> Residence <input type="checkbox"/> Office	
Father's Name:		Mother's Name:			
Parents' Address:			Telephone Number/s:		
Source of Income:					
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed   [ ] Sole Proprietorship with 2 years ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ [ ] Partnership Corporation with 2 years ITR, AFS, O.R.					
Employer/Business Name:			Nature of Business:		
Business Address:					
Position:		Department:	Date hired/Years in operation:		
Telephone Number/s:		Appointment:	Place of work:		
Facsimile:		<input type="checkbox"/> Regular <input type="checkbox"/> OFW <input type="checkbox"/> Probationary <input type="checkbox"/> More than 2 years <input type="checkbox"/> Contractual/Project based	<input type="checkbox"/> Office <input type="checkbox"/> Others <input type="checkbox"/> Field <input type="checkbox"/> Overseas		
Any secondary employer:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Secondary Employer:			Nature of Business:		
Business Address:			Telephone Number/s:		
Position:		Department:	Date hired:		
Appointment:		Place of work:	Schedule of work:		
<input type="checkbox"/> Regular <input type="checkbox"/> OFW <input type="checkbox"/> Probationary <input type="checkbox"/> More than 2 years <input type="checkbox"/> Contractual/Project based		<input type="checkbox"/> Office <input type="checkbox"/> Others <input type="checkbox"/> Field <input type="checkbox"/> Overseas			
SPOUSE					
Last Name:		First Name:	Middle Name:	Maiden Name:	
Birth Date:		Age:	Birth Place:	Nationality:	
Mobile/Telephone Number/s/Email address:		SSS/GSIS Number:		TIN:	
Source of Income:					
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed   [ ] Sole Proprietorship with 2 years ITR, AFS, O.R. <input type="checkbox"/> Professional, specify _____ [ ] Partnership Corporation with 2 years ITR, AFS, O.R.					
Employer/Business Name:			Nature of Business:		
Business Address:					
Position:		Department:	Date hired/Years in operation:		
Telephone Number/s:		Appointment:	Place of work:		
Facsimile:		<input type="checkbox"/> Regular <input type="checkbox"/> OFW <input type="checkbox"/> Probationary <input type="checkbox"/> More than 2 years <input type="checkbox"/> Contractual/Project based	<input type="checkbox"/> Office <input type="checkbox"/> Others <input type="checkbox"/> Field <input type="checkbox"/> Overseas		
Secondary Employer:			Nature of Business:		
Business Address:			Telephone Number/s:		
Position:		Department:	Date hired:		
Appointment:		Place of work:	Schedule of work:		
<input type="checkbox"/> Regular <input type="checkbox"/> OFW <input type="checkbox"/> Probationary <input type="checkbox"/> More than 2 years <input type="checkbox"/> Contractual/Project based		<input type="checkbox"/> Office <input type="checkbox"/> Others <input type="checkbox"/> Field <input type="checkbox"/> Overseas			
FINANCIAL STANDING					
Monthly Income (Declared on CEC and Pay Slip/Voucher or Audited Financial Statement and Income Tax Return):					
	(Primary)	(Secondary)	SPOUSE	CO-MAKER	
Basic Salary:	P _____	P _____	P _____	P _____	
COLA/PERA:	P _____	P _____	P _____	P _____	
RATA:	P _____	P _____	P _____	P _____	
Other allowances:					
[ ] Transportation	P _____	P _____	P _____	P _____	
[ ] Meal	P _____	P _____	P _____	P _____	
[ ] Hazard Pay	P _____	P _____	P _____	P _____	
Other, specify: _____	P _____	P _____	P _____	P _____	
Bonuses					
[ ] 13th Month	P _____	P _____	P _____	P _____	
[ ] Mid-Year	P _____	P _____	P _____	P _____	
[ ] Performance; Incentive	P _____	P _____	P _____	P _____	
Other Income:					
<input type="checkbox"/> Commissions					
[ ] Sales Agent/Medical Rep.	P _____	P _____	P _____	P _____	
[ ] Others, specify: _____	P _____	P _____	P _____	P _____	
<input type="checkbox"/> From Business					
[ ] Please specify type of business: _____	P _____	P _____	P _____	P _____	
GROSS INCOME (for employed/)	P _____	P _____	P _____	P _____	
TAXABLE BUSINESS INCOME (for self-employed)	P _____	P _____	P _____	P _____	
LESS: DEDUCTIONS (on latest payslip/)	P _____	P _____	P _____	P _____	
TAX DUE (for self-employed)	P _____	P _____	P _____	P _____	
NET INCOME	P _____	P _____	P _____	P _____	

NOTE: For self-employed, please refer to your ITR filing for the previous year if you are availing of Pag-IBIG Housing Loan Financing.

OUTSTANDING LOANS/OTHER PAYABLES

Salary Loan: SSS/GSIS P [ ] Date of last payment \_\_\_\_\_ Others P \_\_\_\_\_ specify \_\_\_\_\_ [ ] Date of last payment \_\_\_\_\_

Multi-purpose Loan: Pag-IBIG P [ ] Date of last payment \_\_\_\_\_ Car Loan P \_\_\_\_\_ specify creditor \_\_\_\_\_ [ ] Date of last payment \_\_\_\_\_

Housing Loan: Pag-IBIG P [ ] Date of loan approval \_\_\_\_\_ [ ] Date of last payment \_\_\_\_\_ Others P \_\_\_\_\_ specify location of property, creditor & developer \_\_\_\_\_

BANK ACCOUNTS (indicate three most active accounts)

Name of Bank	Branch/Address	Account Type	Year Opened	Monthly Average Balance

CREDIT CARDS (indicate three most active cards)

Card Company	Bank Issuer	Credit Limit	Year Opened	Monthly Payment

OTHER RELEVANT INFORMATION

1. Are there past or pending cases against you? ☐ Yes ☐ No Have you ever been imprisoned? ☐ Yes ☐ No If yes, please indicate the nature, plaintiff, amount involved (if any) and the status \_\_\_\_\_

2. Do you have past due obligation? ☐ Yes ☐ No If yes, please indicate the creditor's name, nature, amount involved and due date \_\_\_\_\_

3. Was your bank account ever closed because of mishandling or issuance of bouncing checks? ☐ Yes ☐ No If yes, please indicate the bank's name, amount and date \_\_\_\_\_

4. Did you have any credit card/s that has/have been cancelled with balance unsettled? ☐ Yes ☐ No If yes, please indicate bank issuer, card company, date of cancellation and unsettled amount \_\_\_\_\_

CHARACTER REFERENCE

Indicate three (3) references preferably residing or working within Greater Metropolitan Manila or CALABARZON Area

Complete Name:			
Relationship:			
Address:			
Telephone No./Mobile No.:			

TRADE REFERENCE

For Self-employed: Indicate three (3) of your current Suppliers/Clients preferably located within Greater Metropolitan Manila or CALABARZON Area

Complete Name:			
Business Name:			
Business Address:			
Telephone Number/s:			

SPECIMEN SIGNATURE

PRINCIPAL BORROWER	SPOUSE	CO-BORROWER	ATTORNEY-IN-FACT

The undersigned, \_\_\_\_\_ (citizenship), of legal age, offers to purchase the property mentioned herein from Phinma Property Holdings Corporation (PPHC). I/We certify that I/we have personally visited the Project Site and I/we am/are fully aware of the nature of the project and am/are likewise satisfied with its present condition, development and improvements thereon. I/We also certify that each of the statement made in this application is true and correct and agree to agree to notify in writing PPHC of any material change affecting the information contained herein. I/We authorize PPHC and/or its authorized agency to verify such information as may be required covering this application from the above references or any other sources, and I/we undertake to render any necessary assistance. Further I/we hereby understand and agree that this application shall be subject to the acceptance and credit evaluation and approval of PPHC. I/We also understand and agree to abide by the following terms and conditions of this purchase.

1. Upon payment of reservation fee P \_\_\_\_\_ (non-refundable) & signing of this form, the property \_\_\_\_\_ (Project-Unit) shall be reserved/hold for 7 calendar days from date of application or until \_\_\_\_\_ in favor of the undersigned provided that the initial requirements for conditional reservation are complied as follows:

Day 1 – Initial Requirements

1.1 Fully filled-out & Signed Buyer's Information Sheet (BIS)	1.5 Copy of latest ITR 1701 with Audited Financial Statement (if Self-Employed)
1.2 Signed Reservation Agreement (R.A.)	1.6 Signed CTS
1.3 Photocopy of valid gov't issued ID (SSS, UMID, GSIS, Voter's ID, Driver's License, PRC ID, Passport etc.) – spouses, if married	1.7 Fully filled-out HLA with MID No. (if HDMF)
1.4 Copy of proof of income (Payslip, CEC, ITR 2316, Valid Contract, Proof of Remittance)	1.8 Signed Initial Computation

Full Documentary Requirements – 30 Days from Date of Reservation

<div>Employed</div> <div>1.1 Original copy of Notarized &amp; Itemized Certificate of Employment with Compensation (CEC)</div> <div>1.2 Certified True Copy of payslip – for government employee</div> <div>1.3 Four (4) pieces of 1x1 size ID pictures</div> <div>1.4 Photocopy of latest proof of Billing Address</div> <div>1.5 Photocopy of BIR Form 1904 verified by BIR representative – spouses, if married</div> <div>1.6 Photocopy of Birth Certificate – spouses, if married</div> <div>1.7 Photocopy of Marriage Certificate – if married</div> <div>1.8 Photocopy of CENOMAR – if with declared dependent (Child/Children)</div> <div>1.9 Fully filled-out Bank HLA – applicable for Bank Financing Scheme</div> <div>1.10 Fully filled-out Insurance Form (Pioneer Insurance) – applicable for In-House Scheme</div> <div>1.11 4 Copies of original copy of Notarized Special Power of Attorney (SPA) or 3 copies of consularized (SOA) - applicable for OFW</div> <div>1.12 Original copy of Itemized CEC – applicable for OFW</div>	<div>1.13 Photocopy of Working Visa/Permit or Residence ID – applicable for OFW</div> <div>Self-Employed</div> <div>1.1 Certified True Copy (CTC) of BIR 1701 Form with Receipt &amp; attached allotted FS</div> <div>1.2 Copy of Business Permit</div> <div>1.3 Copy of DTI Certification</div> <div>1.4 Copy of latest 6 months Bank Statement</div> <div>1.5 Copy of SEC CERT &amp; Board Resolution – for Corporate accounts</div> <div>1.6 Copy of Articles &amp; BI-Laws – for Corporate accounts</div> <div>1.7 3 Trade References</div> <div>1.8 Photocopy of Company's General Information Sheet – for Corporate accounts</div> <div>1.9 Photocopy of latest twelve (12) months Bank Statement where income is being credited – for Home Based</div> <div>1.10 Wiring transactions from Bank abroad to local Bank (paypal) – for Home Based</div>
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2. On or before the lapse of the abovementioned holding period (8th day), the undersigned agrees to comply with the following requirements for full reservation of the property \_\_\_\_\_ (Project-Unit):

3. I/We understand that failure on my/our part to comply with any other requirements mentioned above shall be a valid ground for the extrajudicial cancellation of my/our Conditional Reservation and all payments made shall be forfeited in favor of Phinma Property Holdings Corporation.

4. ALTERATIONS. The BUYER understands that this Conditional Reservation is based on development plans subject to approval of the HLURB, and on preliminary layouts, and therefore said plans, specifications, commercial zoning and layouts may be altered by the HLURB and/or the SELLER without need of any notice to the BUYER. In case the development plans are altered by the HLURB, or there are changes in the layout of the Project, the SELLER reserves the right to require the BUYER to select a unit and/or parking slot other than the Property from among the units/parking slots available for sale; and the BUYER shall have no recourse other than to make such selection. In case of conflict with reservations of the buyers, priority shall be given to the buyer who made the earliest reservation based on the date and time the reservations were accepted by the SELLER. The SELLER shall not be liable to the BUYER for any damage to the BUYER caused by or attributable to any change or alteration in the development plans and/or the layout of the Project.

5. I hereby consent and/or was authorized to give consent to the collection, processing, retention pursuant to the Data Privacy laws of the Philippines and disclosure of PHINMA Property Holdings Corporation (PPHC), of any personal, sensitive personal and privileged information relating to me, my spouse, my co-guarantor/mortgagor, third party mortgagor (s), for purposes of purchasing a property from PPHC and subsequent loan application thereto, or any or other future arrangements that I may have with PPHC, its subsidiaries and affiliates. I further consent to the collection, processing, retention sharing and disclosure of such personal, sensitive personal and privileged information by PPHC to its employees, agents, offices, subsidiaries, affiliates, accredited third parties/vendors and outsourced service providers, personal information processors, credit reporting or credit reference agencies, loan processors, banks or financial institutions, government offices/agencies, private regulatory organizations, condominium corporation, property administrator, construction/technical organization for purposes reasonably required by PPHC and by law. I will notify PPHC in writing if I do not consent to the sharing of the said information with its representative offices, subsidiaries, affiliates and agents or other persons or entities that PPHC may reasonably select. Lastly, I further recognize my right to information, access, correction, rectification, erasure of my personal, sensitive personal privileged information under the Data Privacy Act.

PRINCIPAL APPLICANT  
(Signature over printed name)

Date signed:  
If with Atty-in-Fact

ATTORNEY-IN-FACT  
(Signature over printed name)

Date signed:  
Relationship to Applicant: \_\_\_\_\_  
Address & contact No./s.: \_\_\_\_\_  
Email address: \_\_\_\_\_

PRE-SCREENED BY:

BROKER

AGENT  
Signature over printed name

Date signed: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Contact number/s: \_\_\_\_\_

SPOUSE  
(Signature over printed name)

Date signed:  
If with Atty-in-Fact

ATTORNEY-IN-FACT  
(Signature over printed name)

Date signed:  
Relationship to Applicant: \_\_\_\_\_  
Address & contact No./s.: \_\_\_\_\_  
Email address: \_\_\_\_\_

ACCEPTED BY:

PPHC (AUTHORIZED REPRESENTATIVE)

Date of reservation:  
(TO BE FILLED OUT BY PPHC AUTHORIZED REP)