

## BUYER INFORMATION SHEET

This information sheet is required to be accomplished by the buyer or, in the case of corporations, any authorized signatory. The information provided will be used to prepare your Deed of Sale and Reservation Agreement. The information provided will be treated with the utmost confidentiality.

<b>PROJECT:</b>		<b>AREA (In Sqm.)</b> _____	
<b>CLIENT NAME:</b>		<b>PHASE</b> _____	<b>LOT #</b> _____
		<b>BLOCK #</b> _____	<b>SEX:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>*DATE OF BIRTH:</b> MM / DD / YYYY	<b>AGE:</b>	<b>TIN:</b>	
<b>COMMUNITY TAX CERTIFICATE NO.</b> <input type="checkbox"/> Or <b>PASSPORT NO.</b> <input type="checkbox"/>		<b>ISSUED AT:</b>	<b>DATE ISSUED:</b> MM / DD / YYYY
<b>CIVIL STATUS:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widower/widow <input type="checkbox"/> Other(specify) <input type="checkbox"/> _____			
<b>IF MARRIED, NAME OF SPOUSE:</b>			
<b>DATE OF BIRTH:</b> MM / DD / YYYY	<b>AGE:</b>	<b>CHILDREN:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> _____ If Yes Please Specify How Many Children	
<b>CURRENT HOME ADDRESS:</b> USE AS MAILING ADDRESS <input type="checkbox"/>			
<b>STREET</b>		<b>CITY</b>	<b>COUNTRY</b>
<b>HOME PHONE NUMBER:</b>	<b>MOBILE PHONE NUMBER:</b>	<b>PERSONAL EMAIL ADDRESS:</b>	
<b>OCCUPATION:</b> EMPLOYED <input type="checkbox"/> ENTREPRENEUR / BUSINESS OWNER <input type="checkbox"/> CORPORATION <input type="checkbox"/>			
Name of Company _____			
<b>COMPANY ADDRESS:</b> USE AS MAILING ADDRESS <input type="checkbox"/>			
<b>STREET</b>		<b>CITY</b>	<b>COUNTRY</b>
<b>OFFICE PHONE NUMBER:</b>	<b>OFFICE FAX NUMBER:</b>	<b>WORK EMAIL ADDRESS:</b>	
<b>HOW DID YOU FIND OUT ABOUT OUR PROJECT?</b> <input type="checkbox"/> PRINT AD <input type="checkbox"/> BILLBOARD <input type="checkbox"/> EXHIBIT <input type="checkbox"/> AGENT <input type="checkbox"/> REFERRAL <input type="checkbox"/> DIRECT MAIL <input type="checkbox"/> OTHER _____ Please Specify		<b>REASONS FOR PURCHASING:</b> <input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> INVESTMENT <input type="checkbox"/> SECOND/VACATION HOME <input type="checkbox"/> AS A GIFT <input type="checkbox"/> OTHER _____ Please Specify	

I confirm that the information I have given is true and correct.

<b>BUYER'S SIGNATURE:</b>	<b>DATE:</b> MM / DD / YYYY
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