



Name and Contact details of Purchaser's Spouse or Co-Owner - Details must be consistent with all documents

Last Name:		Suffix Name:		First Name:		Middle Name:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Citizenship:		Civil Status:		Gender:		Age:	Birthdate (MM-DD-YYYY):
<input type="text"/>		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="text"/>	<input type="text"/>
Type of Valid ID presented:		TIN #:		Contact Number:		Viber Account:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Residential/Billing Address:						Area Code:	
<input type="text"/>						<input type="text"/>	
Address Abroad:						Contact Number Abroad:	
<input type="text"/>						<input type="text"/>	

☐ And
 ☐ Spouses
 ☐ Married To
 ☐ Minor/Represented by Legal Guardian

Details on Additional Cost

Floor Elevation:

☐ 0.20 meter
 ☐ 0.40 meter
 ☐ 0.60 meter

Aircon Outlets:

__Unit/s

Aircon Grille:
 (for window-type)

__Unit/s

Convenience Outlet:

__Unit/s

Service Area:

__Unit/s

Others (specify):

__Unit/s

Additional Cost/s

SALES		
POSITION	AGENT	SIGNATURE
MA	Aberia , Joseph	
SENIOR PROPERTY CONSULTANT		
PC COORDINATOR		
<input type="checkbox"/> REB <input type="checkbox"/> PC		
Employee Referral		

I have read and understood the Guidelines and Policies for In-House Financing and Data Privacy Consent at the back page.

Conforme:

Client's Signature Over Printed Name

RECOMMENDING APPROVAL:

PIA MARIE ISABELLE B. MADRID

			Chief Operating Officer
REMARKS	Fit to Lot Verification:	Cashier Validation:	
	Engineering Date:		
	SMO Date:		