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| Personal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | ${aif\_last\_name} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Extension Name | | | ${aif\_extension\_name} | | | | | | | | | |
| First Name | | ${aif\_first\_name} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | ${aif\_middle\_name} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Mailing | | |  |  | No. |  | | |  |  | |  | Street | | |  |  | |  | | |  | | | | | |  | | |  |  | | | |  | Subdivision | | | | | | | | | | | | | | | |
| Address | | |  |  | ${aif\_unit/lot} | | | | | | ${aif\_street} | | | | | | | | | | | | | | | | | | | | | | | | | | |  | ${aif\_subdivision} | | | | | | | | | | | | | |
| Barangay  ${aif\_barangay} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City / Municipality  ${aif\_city} | | | | | | | | | | | | | | | | | | | | | | |
| Province  ${aif\_province} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Zip Code  ${aif\_zip\_code} | | | | | | | | | Length of Stay  ${aif\_length\_of\_stay} | | | | | Home Ownership  ${aif\_ownership\_type} | | | | | | | | |
| Birthday (mm/dd/yyyy)  ${aif\_birthday} | | | | | | | Age  ${aif\_age} | | | | | | | | | Gender  ${aif\_gender} | | | | | | | | | | | | | | Civil Status  ${aif\_civil\_status} | | | | | | | | | | | | | | | | | | | | | | |
| Citizenship  ${aif\_nationality} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Residence Landline  ${aif\_residence\_landline} | | | | | | | | | | | | | | |
| Mobile No.  ${aif\_primary\_contact\_number} | | | | | | | | Personal E-Mail Address  ${aif\_email} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship to Buyer  ${aif\_relationship\_to\_buyer} | | | | | | | | | | | | | | |
| Social Media Account  ${aif\_account\_name} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Account Username / E-Mail Address  ${aif\_username\_or\_email} | | | | | | | | | | | | | | |
| TIN No.  ${aif\_tin} | | | | | | | | | | | | | | | SSS/GSIS No.  ${aif\_sss} | | | | | | | | | | | | | | | | | | | | | | | PAG-IBIG No.  ${aif\_pagibig} | | | | | | | | | | | | | | |
| CTC / Passport No.  ${aif\_passport} | | | | | | | | | | | | | | | Date Issued ( mm/dd/yyyy )  ${aif\_date\_issued} | | | | | | | | | | | | | | | | | | | | | | | Place Issued  ${aif\_place\_issued} | | | | | | | | | | | | | | |
| Financial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer / Business Name  ${aif\_employer\_name} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer / Business Address  ${aif\_employer\_address} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Type  ${aif\_employer\_type} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nature of Business  ${aif\_industry} | | | | | | | | | | | | | | |
| Employment Status  ${aif\_employment\_status} | | | | | | | | | | | | | | | Position Title ${aif\_position} | | | | | | | | | | | | | | | | | | | | | | | Years of Employment  ${aif\_salary\_gross\_income} | | | | | | | | | | | | | | |
| Company Phone Number  ${aif\_company\_phone\_number} | | | | | | | | | | | | | | | Company Fax Number  ${aif\_fax} | | | | | | | | | | | | | | | | | | | | | | | Company E-Mail Address  ${aif\_company\_email} | | | | | | | | | | | | | | |
| Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that all information and the supporting documents I submit in connection with this application are complete, true and correct, and the signature therein are genuine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OVER PRINTED NAME | | | | | | | | | | | | | |  |  | | |  | |  |  | | |  | | |  | |  | | | |  |  |  | | | | | | DATE | | | | |  |  |  |  | | | |
| Project ${project\_name} | | | | | | | | | Phase ${phase} | | | | | | | | | | | | | | | | | Block ${block} | | | | | | | | | | | | | | | | Lot ${lot} | | | | | | | | | | |
| Buyer's Name: | Last Name  ${buyer\_last\_name} | | | | | | | | | | | | | | | | | | | | | |  | | First Name  ${buyer\_first\_name} | | | | | | | | | | | | | | | | | | | | Middle Name  ${buyer\_middle\_name} | | | | |  |  |  |



ATTORNEY-IN-FACT INFORMATION