

RESIDENT'S INFORMATION SHEET

| RESIDENT'S DATA | | | | | | | | | |
|--|---------------------------------|--------|------------------|-------------------------------|-----------------------------|-------------------|--------------|---------------------------|-----------------------------|
| Salutation: | Last Name: | | | | | Middle Name: | | | |
| | ✓ Mr. | | a Rowell | | Vid | Vidal | | | Cuasay |
| Tower/Unit No.: Type of Ownership | | | | : 🗌 Owner 🔲 Guest 🗹 Tenant. C | | |] Tena | nt. Cont | ract ends on: APRIL 1, 2023 |
| Unit 2512 Tower 2 Birthdate (m/d/y): Civil Status: Nationality: ACR No. (for foreigners): | | | | | | | | | |
| 1 | u/y). /1993 | Single | Filipino | | | | | ACK No. (101 Totelghers). | |
| Employer's Na | Profession: | | | | Tax Identification No.: | | | | |
| Accentu | ıre Inc. | | Developer | | | | | | |
| Mobile 1 09222387229 Phone 1 | | | | | | | | | |
| Phone Nos.: | 10022200,220 | | | | | Nos.: | | | |
| Mailing Addres | | | E-mail | | 1 kingrowellvidal@gmail.com | | | | |
| _ | | | | dresses: 2 | | | | | |
| SPOUSE'S DATA | | | | | | | | | |
| Salutation: First Name: ☐ Mr. ☐ Mrs. | | | | Last Name: | | | | | Middle Name: |
| Birthdate (m/ | Birthdate (m/d/y): Nationality: | | | Employer's Name: | | | | | Profession: |
| PERSONS STAYING IN THE UNIT. | | | | | | | | | |
| Please identify persons with disability or with special needs in case of emergency under Remarks. | | | | | | | | | |
| Name | | | | | | ndate | Relation | | Remarks |
| 1 Carolyn Cuasay Vidal | | | Female | March 1 | 4, 1987 | Mother | | | |
| 2 John Nino Noel Vidal | | | Male | January 1, 19 | | Brother | | | |
| 3 Kyla Borbe | | | Female October 1 | | 17, 1998 | Cousin | | | |
| 4 Carmina Delas Alas | | | Female | emale February 25 | | Aunt | | | |
| 5 | | | | | | | | | |
| REGISTERED VEHICLES If resident owns the parking slot/s or part of the Lease Contract | | | | | | | | | |
| Brand/Model/Year | | | | | olor | License Plate No. | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| CONTACT PERSON IN CASE OF EMERGENCY (not living in the unit) | | | | | | | | | |
| Name | | | | | ation | | Contact Nos. | | |
| 1 Carolyn Cuasay Vidal | | | | Mother | | 09171673393 | | | |
| 2 | | | | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | | | |
| | | | | | | | | | |
| | | | CEDTIFICAT | ION AN | D DATA 5 | DOTECT | ION C | TATELLE | NT. |
| CERTIFICATION AND DATA PROTECTION STATEMENT: I certify that I am the person named on this form and that I wish to provide the data which I have specified relating to myself under the Data Privacy Act of 2012. I hereby give permission to the <condo corp="" hoa=""> to process any data which I have supplied where permitted by law.</condo> | | | | | | | | | |
| The data gathered in this form will be used to process personal data under the Data Privacy Act of 2012. It will be held by <condo corp="" hoa=""> Data Protection Officer, and may be used to cross reference when verifying your identity or processing compliance to <condo corp="" hoa=""> House Rules and <master deed="" of="" restriction="">.</master></condo></condo> | | | | | | | | | |
| Kin | na Pour | ALC V | /idal | | | | | | March 04, 2022 |
| King Rowell C. Vidal Signature over Printed Name by Owner / Authorized Repr | | | | | | | ntativ | e e | Date |