



Broker: DINAH P. LARUGA

BUYER'S INFORMATION SHEET
LOCAL

Kindly fill-out all fields and indicate "NA" to fields not applicable.

Penthouse, Building III, Sta. Lucia East Grand Mall, Marcos Highway corner Felix Avenue, Cainta, Rizal, Philippines, 1900

PROJECT		LOCATION / OWNER		TYPE OF PROPERTY		LOT / UNIT DETAILS	
AREA / PRICE PER SQ. M.		TOTAL CONTRACT PRICE		PAYMENT TERM			
DIVISION VICE PRESIDENT			SALES MANAGER			REFERRER	
PURPOSE OF PURCHASE <input type="checkbox"/> TERTIARY RESIDENCE		PRIMARY RESIDENCE <input type="checkbox"/> INVESTMENT		SECONDARY RESIDENCE <input type="checkbox"/> GIFT		OTHERS, SPECIFY	
HOW DID YOU LEARN ABOUT THE PROJECT <input type="checkbox"/> BILLBOARD <input type="checkbox"/> INTERNET <input type="checkbox"/> AGENT			TELEVISION <input type="checkbox"/> EXHIBIT		RADIO <input type="checkbox"/> REFERRAL		NEWSPAPER <input type="checkbox"/> OTHERS, SPECIFY
THE BUYER DESIRES THE PURCHASE TO BE REGISTERED AS: <input type="checkbox"/> SOLE <input type="checkbox"/> MARRIED <input type="checkbox"/> CO-OWNER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP							
PRINCIPAL BUYER'S INFORMATION							
FIRST NAME			MIDDLE NAME			LAST NAME	
DATE OF BIRTH			CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED				
B. I. R. TAX IDENTIFICATION NO.			CITIZENSHIP			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PASSPORT NO. / PLACE OF ISSUE / DATE ISSUED / EXPIRATION DATE				COMMUNITY TAX CERTIFICATE NO. / PLACE AND DATE ISSUED			
PERMANENT RESIDENCE ADDRESS IN THE PHILIPPINES							
PERMANENT RESIDENCE ADDRESS ABROAD (FOR OVERSEAS CONTRACT WORKERS)							
OWNERSHIP OF CURRENT RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LIVING WITH RELATIVES <input type="checkbox"/> MORTGAGED						YEARS OF RESIDENCY	
RESIDENCE TELEPHONE NO.		MOBILE NO.			PERSONAL E-MAIL ADDRESS		
EDUCATIONAL ATTAINMENT <input type="checkbox"/> POST-GRADUATE DIPLOMA <input type="checkbox"/> GRADUATE DIPLOMA <input type="checkbox"/> HIGH SCHOOL DIPLOMA						OTHERS, SPECIFY	
UNIVERSITY / COLLEGE				HIGH SCHOOL			
NO. OF CARS OWNED		NO. OF CARS MORTGAGED		NO. OF DEPENDENTS		NO. OF CHILDREN	
EMPLOYMENT TYPE <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> LOCALLY EMPLOYED <input type="checkbox"/> OVERSEAS CONTRACT WORKER							
BUSINESS / EMPLOYER'S NAME							
OFFICE ADDRESS							
INDUSTRY			RANK / POSITION			YEARS IN SERVICE	
OFFICE TELEPHONE NO.		OFFICE FAX NO.		OFFICE E-MAIL ADDRESS		GROSS MONTHLY INCOME	

SPOUSE / CO-BUYER'S INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
B. I. R. TAX IDENTIFICATION NO.		CITIZENSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH	RELATIONSHIP TO BUYER	CIVIL STATUS <input type="checkbox"/> WIDOWER	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	
PASSPORT NO. / PLACE OF ISSUE / DATE ISSUED / EXPIRATION DATE			COMMUNITY TAX CERTIFICATE NO. / PLACE AND DATE ISSUED		
PERMANENT RESIDENCE ADDRESS IN THE PHILIPPINES					
PERMANENT RESIDENCE ADDRESS ABROAD (FOR OVERSEAS CONTRACT WORKERS)					
RESIDENCE TELEPHONE NO.		MOBILE NO.		PERSONAL E-MAIL ADDRESS	
EDUCATIONAL ATTAINMENT <input type="checkbox"/> POST-GRADUATE DIPLOMA <input type="checkbox"/> GRADUATE DIPLOMA <input type="checkbox"/> HIGH SCHOOL DIPLOMA					<input type="checkbox"/> OTHERS, SPECIFY
UNIVERSITY / COLLEGE			HIGH SCHOOL		
EMPLOYMENT TYPE <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> LOCALLY EMPLOYED <input type="checkbox"/> OVERSEAS CONTRACT WORKER					
BUSINESS / EMPLOYER'S NAME					
OFFICE ADDRESS					
INDUSTRY		RANK / POSITION		YEARS IN SERVICE	
OFFICE TELEPHONE NO.	OFFICE FAX NO.	OFFICE E-MAIL ADDRESS		GROSS MONTHLY INCOME	
ATTORNEY-IN-FACT (for buyers abroad) Please attach notarized Special Power of Attorney (SPA)					
FIRST NAME		MIDDLE NAME		LAST NAME	
RESIDENCE TELEPHONE NO.	MOBILE NO.		PERSONAL E-MAIL ADDRESS		
SPA's POSTAL / MAILING ADDRESS					
B. I. R. TAX IDENTIFICATION NO.		CITIZENSHIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH	RELATIONSHIP TO BUYER		<input type="checkbox"/> WIDOWER	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED

I/We hereby certify that all information indicated in the Buyer's Information Sheet are valid, true, correct, and complete and that the signature/s appearing herein belong/s to me/us and is/are genuine and binding upon me/us.

I/We hereby authorize Sta. Lucia Land, Inc. and its internal and external representatives to obtain any information from and/or conduct independent verification of information provided by me/us in connection with this purchase with other institution/third person. I/We expressly consent to the disclosure of such institution/third person to Sta. Lucia Land, Inc. and its representatives of any such information and I/We hereby expressly waive any and all of my/our rights under applicable laws relative to the confidentiality of such information.

I/We understand that the approval of this purchase is solely discretionary upon Sta. Lucia Land, Inc. and that non disclosure/falsification of information as herein required shall be sufficient ground for disapproval of my/our purchase and/or privileges.

PRINCIPAL BUYER
(signature over printed name with date)

SPOUSE / CO-OWNER
(signature over printed name with date)

ATTORNEY-IN-FACT
(signature over printed name with date)