

| • | PROJECT | | | | | | | | |
|---|---------|-------|------|----------|------|-----------------------|------|--|--|
| | PHASE | BLOCK | LOT | MODEL | AR | TYPF | | | |
| | THACL | DECOR | 20, | MODEL | LOT | FLOOR | 7172 | | |
| | | | | | | | | | |
| | BLDG. | LEVEL | TYPE | UNIT NO. | AREA | NOTE: to be filled up | | | |
| • | | | | | | by Sales Tea | am | | |

| DUVED | | | | | | Dy C | bales Tealli | | | | | |
|--|---------|-------------|---------|-------------|-------------------|---|-----------------------------|--------------------------|---|----------------------|----------------|------------------------------|
| BUYER Last Name | | | | | | Giv | ven Name | | | Middle Name |) | |
| Civil Status | | | | | Gender | | Citizenship | | Birthdate | | Age | |
| Single Married Divorced/Legally Separated (Finality of Marriage) | | | | Male Female | Onizensinp | | Direitate | | Age | | | |
| Widow Tax Identification No. | | SSS | | | GSIS | | HDMF / Pag-ibig No. | | Passport No | D./Date & Place | Issued | |
| Complete Residence Ad | ddress | s (No Abbre | eviatio | ons, ple | ease) | 7 | elephone Nos. | Fax No. | Mobile | 9 | E-mail | Address |
| Current Billing Address | | | | | | | | ļ | | | | |
| | | | | | | | | | | | | Via of Basidanas |
| Home Ownership Own / Not Mortgage |) | |] Ои | vn / Mo | rtgage | | Rented | Livi | ing with Relat | ives / Parents | | Yrs. of Residency |
| Employment | | | | Emplo | yer/Busi | ness Name Nature of Busines | | | ness | Occupation/P | osition | Type of Employment |
| Locally Employed | | Retired | | | | | | | | | Regular | |
| Self Employed | | 0 <i>FW</i> | | Busine | ss Addres | ss: (No. St. Subd./Brgy., Municipality, | | ity, City/Province, Zip) | | Office Phone & Email | | Contractual |
| Others | | | _ | | | | | | | | | |
| SPOUSE | | | | | | | | | | | | |
| Last Name | | | | | | Giv | ven Name | | | Middle Name | • | |
| Gender | Cit | tizenship | | | | Birt | thdate | Age | Landline/Mob | ile Phone # | Email A | dd: |
| Male Female | | | | | | | | | | | | |
| Tax Identification No. | | sss | | GSIS | | | HDMF / Pag-ibig No. | | Passport No | o./Date & Place | Issued | |
| Employment | | | | Emplo | yer/Busi | ness | Name | Nature of Busi | ness | Occupation/F | osition | Type of Employment |
| | \Box | Datinad | | | | | | | | | | Regular |
| Locally Employed | _ | Retired | | Busine | ss Addres | s: (No | . St. Subd./Brgy., Municipa | lity, City/Province, . | Zip) | Office Phone | & Email | Contractual |
| Self Employed Others | | OFW | | | | | | | | | | Contractadi |
| Others | | | - | | | | | | | | | |
| DEPENDENTS | | | | | | | | _ | | | | |
| Name of Children (Elde | st to | Youngest |) | | | | | Age | Employer/S | chool | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| MONTHLY INCOME | | | | | | | | | | | | |
| Appli | cant | 5 | Spouse | e | | Total | | MONTHLY EXPE | NSES | | | |
| Salary | | | | | | | | Living and Utilit | | | | |
| Business/Income | | | | | | | | Education | | | | |
| Allowances | | | | | | | | Transportation | | | | |
| Commissions | | | | | | | | Food | | | | |
| Other Sources | | | | | | | | Vacation | | | | |
| Total Income | | | | | | Others | | | | | | |
| | | | | | | | Total Expenses NET INCOME | | | | | |
| PRELIMINARY CI / BI | | | | | | | | NET INCOME | | | | |
| (Answer the following question | | | | swer is YE | S, please ela | aborate | on the details as required) | | | | | |
| Are there past or pending. If Yes, please indicate the second of the se | • | , | | ount in | volved an | YES | NO NO | | | | | |
| <u> </u> | | <u> </u> | | | | | | accept involved as | nd dua data | | | |
| Do you have the past du | ie obii | | yes, p | nease n | nuicate tri | e cred | ultor's name, nature, an | iourit irivoiveu ai | na aue date. | | | |
| YES NO Was your bank account ever closed because of mishandling or issuance of bouncing checks? If yes, please indicate the bank's name, nature and date. | | | | | | | | | | | | |
| was your bank account | ever (| ciosed bec | ause (| ot mish | andling o | r issu | ance ot bouncing checi | ks? It yes, please | e indicate the | bank's name, n | ature and | date. |
| ☐ YES | | NO | | | | | | | | | | |
| CORPORATION (if app Name of Company | icabi | <u>e)</u> | | | | TIN | | | 1. If huve | er is a corporation | submit the | eff. certified by any of the |
| | | | | | | officers: | officers: | | | | | |
| Authorized Representative | | | | | Position | | | | a. SEC Registration c. Articles of Incorporation b. By-Laws d. Board Resolution | | | |
| Business Address | | | | | Telephone Number: | | | | | Authorizin | g the purchase | |
| | | | | | Fax Number: | | | | If buyer is a former Filipino, he/shall execute an Affidavit of Former Filipino | | | |
| | | | | | Email Address: | | | | 3. If buyer has no TIN, he/shall fill up BIR form 1902. | | | |
| | | | | | | 1 | | | ı | | | I |

| SURVEY QUESTIONNAIRE | | | | | |
|--|---|--|--|--|--|
| How did you know about the project or the company? | Who was the primary decision maker in pur | rchasing this property? | | | |
| Word of Mouth | Myself Myself | | | | |
| Broker Sales / Agent | Husband/Wife | | | | |
| Referred by Someone | Children | | | | |
| Billboard/Directional Signage | Others | | | | |
| Brochure/Flyer/Leaflet | How do you or your family spend your free | time? | | | |
| Newspaper/Magazine Print Ad | Malling/Shopping | Where: | | | |
| Direct Mail | Eating Out | Where: | | | |
| Internet/Website | Reading Newspaper & Magazines | What: | | | |
| ☐ Exhibits | Watching Television | Favorite TV Shows/Channel: | | | |
| Openhouse | Surfing the Internet | Frequently Visited Website | | | |
| My Own Initiatives | ☐ Vacations/Out of Town Trips | Where: | | | |
| · | Sports | Where: | | | |
| Organizations that you are a member of: | - Opens | Wilde | | | |
| , | | | | | |
| What are the factors that you considered in buying this property? | What is your main purpose of buying? | Do you intend to purchase a property in the next five years? | | | |
| (Please rank the item from 1-10) | | | | | |
| Location | Primary Residence | ☐ Yes ☐ No | | | |
| Amenities | Second Home | What type of property would it be? | | | |
| Price | Retirement Home | Lot Only House & Lot Condominium | | | |
| Payment Terms | For Children Studying in Cebu | Commercial Property Others | | | |
| Developer's Reputation | Investment (Buy & Sell) | Preferred Location | | | |
| Ready For Occupancy | Investment (For Lease) | Preferred Price | | | |
| Security | for Family in the Philippines | To who will you refer our project? | | | |
| Safety | Gift to Children/Gift to Someone | Name Contact No. | | | |
| House Design/Concept | Others | | | | |
| Property Management | | | | | |
| | | | | | |
| Attorney-in-Fact/s: (The person/s to sign the contract.) | | Name of the recipient for social communications: | | | |
| Name: | | | | | |
| Address: | | | | | |
| Contact No.: Email Add: | | Address: | | | |
| REMARKS AND RECOMMENDATIONS | | | | | |
| | | | | | |
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| | | | | | |
| This is to certify that the information entered herein are true an | | | | | |
| shall be a ground for Cebu Landmasters to disapprove my Re | | | | | |
| | Ve | rified by: | | | |
| PRINCIPAL SPOUSE | | Signature Over Printed Name Date | | | |
| Signature Over Printed Name Signature Over | Printed Name | Signature Over Filinted Name Date | | | |
| SKETCH OF PRESENT HOME ADDRESS | | | | | |
| | | | | | |
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| | | | | | |
| Broker/Agent: | | | | | |
| Broker/Agent:Contact No.: | | | | | |
| Realty: | | | | | |
| · / | | | | | |