

PROJEC	T													
PHASE	BLOCK	LOT	MODEL	AR		.OOR	TYPE	NOTE: to be						
				LOT	FL	.UUR		filled up by				Photo		
BLDG.	LEVEL	TYPE	UNIT NO.	AREA	PUR	POSE OF	PURCHASE	Sales Team						
					Inve	stment	Occupancy						J	
PURCH/	SER													
Last Name						en Name	)				Middle Name			
Civil Status Requirement					Gen	der		Citizenship		Birthdate Age		Age		
☐ Singi	le		Cenomar			Male	Female							
□ Wido	w / Widov	ver	Death Cert.	of late Spouse		HDMF/	Pag-ibig No	-	Passport No	D./Date & Place	e Issued			
Marri			> Marriage Ce	•										
_	ced / Lega	llv	· ·			Tax Identification No.			E-mail Address Mobile			le		
11 1	rated / Ann	•	Court Order	or Cert. of Finalit	ty									
☐ Sepa	arated with	out Lega	l Action			SSS GSIS			Telephone Nos. Fax N			lo.		
-		ŭ		A										
			gal Separation /											
Complete Residence Address (No Abbreviations, please)														
Current Billing Address														
Home O	wnership	1										Yrs. of Reside	ency	
Own	/ Not Moi	tgage	□о	wn / Mortgage		Rented Liv			ring with Relatives / Parents					
Employ	mont			Employer/Busi	ness N	ess Name Nature of Bu			ness	Occupation/F	Position	ion Type of Employment		
_		. –	1									Denvites		
	ly Employed Employed		Retired OFW	Rusiness Addre	se. (N	o St Sub	nd /Bray Mur	icipality, City/Prov	ince Zin)	Office Phone	& Email	Regul		
Othe	, ,		JOFW	Buomooo maaro	.00. (//	o. o. o.	ou., Brgy., mar	ioipainty, Oity/1 101	11100, 210)			Contra	ictuai	
SPOUSE														
Last I	Vame				Give	en Name	)				Middle Name			
Gender	•	1	Citizenship		Birth	ndate		Age	Landline/Mob	ile Phone #	Email	Add:		
Male	Fen		<b>,</b>					1.90						
	ntification			7 0010		HDME /	Pag-ihig No		Passnort No	o./Date & Place	lesuon	<u> </u>		
Tax ide	mancador	7 740.	SSS [	GSIS	HDMF / Pag-ibig No.			rassportivo		2/2 dia di 1 ideo iocaca				
Frantas				Employer/Busi	ness N	lame		Nature of Busin	ness	Occupation/F	Position	Type of Empl	oyment	
Employ	ment									,				
Locali	ly Employed	<i>i</i>	Retired		(8.1	0: 0 1				0000	0.5	Regula		
Self E	mployed		) OFW	Business Addre	ess: (N	o. St. Sut	od./Brgy., Mur	nicipality, City/Prov	ince, ∠ıp)	Office Phone	& Email	L Contra	actual	
Othe	rs													
DEPEND		<i>,</i>						_						
Name of Children (Eldest to Youngest)							Age	Employer/School						
MONTHL	Y INCOM	E												
		Applicant	Spous	se .	Total			MONTHLY EXPE	NSES					
Salary								Living and Utiliti	ies					
Business	:/Income							Education						
Allowanc	es							Transportation						
Commiss	sions							Food						
Other So								Vacation						
Total Inc	otal Income						Others  Total Expenses							
								NET INCOME	S					
PRELIM	INARY CI	/BI						NET INCOME						
(Answer the	e following qu	estions with		swer is YES, please ela	aborate o	n the detail	ls as required)							
Are there	e past or p	ending ca	ase against you?		YES		□ NO							
If Yes, pl	lease indic	ate the n	ature, plaintiff, an	nount involved an	nd the s	tatus.								
Da waw h			hlimatian 2 H	-1 :		:4								
Do you n	YES	asi due oi	oligation? II yes, ¡ I NO	olease mulcale in	ie crea	itor s rian	ne, nature, ai	mount involved ar	ia due date.					
14/00 1/0//		L Count out	l	of michandling o	iooo	noo of he	ouncing choo	ks? If yes, please	indicate the	hank'a nama n	oturo or	ad data		
was you		Journ eve	NO	or misnanding o	ii issua	nce or bo	Juncing Chec	ks? II yes, piease	indicate the	Darik S Hame, H	aluit ai	iu uale.		
CORPO	YES RATION (i	f applica												
CORPORATION (if applicable)  Name of Company					TIN	TIN			1. If buyer is a corporation, submit the ff. certified by any of the					
								officers:			-	-		
Authorized Representative					Positio	Position			a. SEC Registration c. Articles of Incorporation b. By-Laws d. Board Resolution					
Business Address					Telepi	Telephone Number:			Authorizing the purchase					
					Fax N	Fax Number:			2. If buyer is a former Filipino, he/shall execute an Affidavit of					
					Fmail	Email Address:			Former Filipino  3. If buyer has no TIN, he/shall fill up BIR form 1902.					
									io. ii buyt					

SURVEY QUESTIONNAIRE	SURVEY QUESTIONNAIRE								
How did you know about the project or the company?	Who was the primary decision maker in p	urchasing this property?							
Word of Mouth	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 fre	e 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								
Organizations that you are a member of:	Sports	Where:							
organizatione that you are a member on									
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							
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									
•	, ,	d belief. Any information declared herein and found to be false							
shall be a ground for Cebu Landmasters to disapprove my Re	_	/erified by:							
		erined by.							
PRINCIPAL SPOUSE	Signature Over Printed Name Date								
Signature Over Printed Name Signature Over	Printed Name	Signature Over Frinted Name Date							
SKETCH OF PRESENT HOME ADDRESS									

Broker/Agent: Alfred M. Solitario
Contact No.: +639173276415
Realty: Reals Allied Realty