

BUYER'S INFORMATION SHEET

Instruction: Please fill in all boxes in BLOCK LETTERS

PRINCIPAL BUYER											
LAST NAME :			Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female			Gross Monthly Income :					
FIRST NAME :			Civil Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er								
MIDDLE NAME :			SSS/GSIS/UMID :			Tax Identification No (TIN) :					
Mother's Maiden Name :		Birth Place :		Telephone No :			Mobile No :				
Date of Birth (mm/dd/yyyy) :		Citizenship :		E- mail Address :							
RESIDENCE ADDRESS											
No.		Street			Subdivision Name			Brgy.			
Municipality		City		Province		Country		Zip Code			
EMPLOYMENT											
<input type="checkbox"/> Employed		<input type="checkbox"/> OFW - Landbased		<input type="checkbox"/> Licensed Professional			<input type="checkbox"/> With Attorney-In-Fact				
<input type="checkbox"/> Self Employed		<input type="checkbox"/> OFW - Seafarer		<input type="checkbox"/> With Financial Support			<input type="checkbox"/> With Co-Borrower				
Employer/Business Name:				Telephone No:							
				E-mail Address:							
Employer/Business Address:		No.		Street			Brgy.				
Municipality		City		Province		Country		Zip Code			
Occupation/Profession :				Occupational Position :			Tenure :				
Preferred Billing/Mailing Address:		<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Others (pls specify) :									
No.		Street			Subdivision Name			Brgy.			
Municipality		City		Province		Country		Zip Code			
SPOUSE											
LAST NAME:			FIRST NAME:			MIDDLE NAME:					
Date of Birth (mm/dd/yyyy) :			Mobile No :			TIN :					
Birth Place :			Tel No :			SSS/GSIS/UMID # :					
Citizenship :			E- mail Add :			Gross Monthly Income :					
EMPLOYMENT											
<input type="checkbox"/> Locally Employed		<input type="checkbox"/> Self Employed		<input type="checkbox"/> OFW - Landbased		<input type="checkbox"/> OFW - Seafarer		<input type="checkbox"/> Licensed Professional		<input type="checkbox"/> With Financial Support	
Employer/Business Name:				Telephone No:							
				E-mail Address:							
Employer/Business Address:		No.		Street			Brgy.				
Municipality		City		Province		Country		Zip Code			
Occupation/Profession :				Occupational Position :			Tenure :				
BENEFICIARY											
LAST NAME		FIRST NAME		MIDDLE NAME		BIRTHDAY		RELATIONSHIP TO BUYER			
1.											
2.											
BUYER'S PROFILE											
Occupation Rank	Principal Buyer	Spouse	Source of Funds		Principal Buyer	Spouse	Current Home Ownership	Number of household living with you? (Indicate number)	What is your Primary purpose for buying?		
Business Owner	<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>	Owned	<input type="checkbox"/>	0 - 10 years old	<input type="checkbox"/>	Primary Home	<input type="checkbox"/>
Top Executive	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	Rented	<input type="checkbox"/>	11 - 15 years old	<input type="checkbox"/>	Vacation/Weekend home	<input type="checkbox"/>
Manager/Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	Owned by Parents	<input type="checkbox"/>	16 - 20 years old	<input type="checkbox"/>	Retirement home	<input type="checkbox"/>
Rank & File	<input type="checkbox"/>	<input type="checkbox"/>	Remittance	<input type="checkbox"/>	<input type="checkbox"/>	Others (pls specify)	<input type="checkbox"/>	21 - 25 years old	<input type="checkbox"/>	Investment (Buy and Sell/Lease)	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	Others	<input type="checkbox"/>	<input type="checkbox"/>	Length of Stay: _____	<input type="checkbox"/>	26 years old and above	<input type="checkbox"/>	Others	<input type="checkbox"/>
How did you know about the Project?											
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Broker/Sales agents	<input type="checkbox"/> Flyer/Leaflet	<input type="checkbox"/> Internet/Webpage	<input type="checkbox"/> Referral	<input type="checkbox"/> Billboard/Directional signage	<input type="checkbox"/> Exhibit/booth	<input type="checkbox"/> Other sources _____				
LOAN DETAILS											
STRICTLY FOR AUTHORIZED PRO-FRIENDS PERSONNEL ONLY											
UNIT I.D. :		RESERVATION FEE :		FINANCING			DOWNPAYMENT TERM		LOAN TERM		
SELLING PRICE :		PROMO DISC (if any) :		<input type="checkbox"/> IN HOUSE			<input type="checkbox"/> 12 MOS		<input type="checkbox"/> 3 YRS		
PROCESSING FEE :		OR / PR no :		<input type="checkbox"/> CASH w/in ___ days			<input type="checkbox"/> 15 MOS		<input type="checkbox"/> 5 YRS		
LOAN AMOUNT :		OR / PR date :		<input type="checkbox"/> BANK _____			<input type="checkbox"/> 24 MOS		<input type="checkbox"/> 10 YRS		
DOWNPAYMENT :		BOOKING OFFICER :		<input type="checkbox"/> OTHERS _____			<input type="checkbox"/> 30 MOS		<input type="checkbox"/> 15 YRS.		
							<input type="checkbox"/> OTHERS _____		<input type="checkbox"/> OTHERS _____		
<p>I hereby confirm that all the information furnished herein are TRUE and CORRECT and I authorize PRO-FRIENDS to validate the accuracy and completeness of my declaration. I also certify that the signature appearing herein is my signature.</p> <p>I hereby further agree, consent, and authorize PRO-FRIENDS, whether manually or via electronic channels, to process, obtain, collect, record, organize, store, update, modify, use, access, share, and/or disclose any and all information obtained herein in order to (a) facilitate the processing and/or approval of my loan application or property acquisition, and (b) to comply with its legal, regulatory, contractual or other obligations under applicable laws, rules, and regulations that impact the Company, such as but not limited to, Republic Act (RA) No. 9510 (or the Credit Information System Act) and RA No. 10173 (or the Data Privacy Act of 2012).</p> <p>I signify my interest in receiving invites to the marketing initiatives, campaigns and programs of PRO-FRIENDS, including those of its subsidiaries, affiliates and third-party contractors. For this purpose, I hereby authorize PRO-FRIENDS to process, disclose and share my personal information to their marketing teams and those of its subsidiaries, affiliates and third-party contractors. I likewise agree to inform PRO-FRIENDS of any changes relating to my personal information.</p> <p>This consent and authorization remains valid and subsisting until otherwise revoked or cancelled in writing.</p>											
AGENT'S NAME											
GROUP NAME _____											
DIVISION MANAGER _____											
BRANCH MANAGER _____											
UNIT MANAGER _____											
SALES AGENT _____											
				SIGNATURE OVER PRINTED NAME PRINCIPAL BUYER							
				DATE SIGNED							