

(living expenses, rental, education, transpo,etc.)

Net Monthly Income

REPAF 2017-07-01

MYCITI To be filled-out by the		S	REAL E	STATE I	PURCHAS			KM	Customer No.		
				Is:	PROPERTY			Ι, .		B.1.1.1	
Reservation Date	Project			Phase	Block	: L	.ot	Lot Area	SQM ┌┐Ca	PAYMENT TYPE	
Place of On-Si	te \Box	Head Office	Product Type	House 8		L L with Adj. Lot	House M		, 	sh Basis upon Rese Ferred Cash	rvation
Reservation 🗆 Branc			As-Is-Where-Is			iuse Construct	1	□ Basi		errea casn ancing:	
				SALES 7	ERMS			= ===	- '"'	ancing.] Bank 🔲 1	HDME
								posed by the Seller and agree to] Provident 🔲	I
Total Contract Price (TCF		owing terms a	nd conditions including	the <i>non-tra</i>		d non-refunda	bility of the R	Peservation Fee.	 IMPUTED TCP/I		
Mode of payn		Total List Pri	ce	DOM: DIA	P			0101CM-00	JMF0160 16671	IF BUILDULL	
CASH (for spot payment only) Less: Discount											
POST DATED CHEC	CK	Full TCP									
REMITTANCE		Full DP	paid within	days							
			paid within	days							
Bank/Pag-IBIG Charges Total Sellin			Price								
TOT. AMT. DUE:	TOT. AMT. DUE: Miscellaneou		s Fee								
TERM: Value Added											
		Total Contra									
	STARTS ON:% Rec			DP)							
ENDS ON:		Reservation									
Insurance/	/s	Balance on D	-	antho to nov							
Computed Amt. for 1st ye				onths to pay							
uni .		Starts on	Monthly DP Amount Starts on								
FIRE: Starts on Ends on											
Move-In Fe	 es		alance/Loanable Am	ount							
HDA: P		Monthly Amor	tization Amount								
		Loan Term									
MERALCO: P Interest Rate			(indicative)								
WATER: P		Starts on									
NOTE :For Bank/HDMF Fin	ancing, Loanab	le Amount is si	ubject for approval by					ization will be based on the exist	ing computation (of Bank/HDMF.	
				В	UYER'S PERSL	Onal Informa	TION				
Last Name		Fi	irst Name		Middle Name			Birthdate (mm/dd/yyyy)		Age	l;
_	Civil Status:		Married		Filipino 🗆		No. of	Home Tel. No.	Mobile No	Tin	
∟ Male	Legall	y Separated	☐ Widowed	│	ı-Filipino:		Dependents:	Email		TIIN	
Permanent Home Address	(No., Street, Brg,	y., City, Municipa	ality, Province, Zip Code))			Years of S	· ·	_	w/ relatives	
Mailing Address <i>(No., Stree</i>	t Rray City Mu	nicinality Provi	nce 7in Code)					Company Mor		ed at P	_/mo.
				T.,		Occupation : Self-Emp		<i>Status</i> : Regu	ılar		
Present Employer/Business Name				Nature of Business/Industry			☐ None/Un	<u></u> -		ractual	
Employer/ Business Address (Room, Floor, Bldg. Name, Stre			 treet, Brgy., City, Municipality, Province, Zip Code,					Locally Employed	∐ OFW	☐ Prob	oationary
FIIN FAIL : ID		Busin			1888	Position	Office	Tel. No.			
Full Name of Authorized Rep	of <i>(Family, First, Mid</i>	iale)				Relationship to Buyer	Birthdate (mm/dd/yyyy)	Age:		
Present Home Address <i>(No</i>	., Street, Brgy., L	City, Municipality	v, Pravince, Zip Cade)					Email	I Mobile	Nn	
To be filled-out by the Co	-hannawan/Ca	nuca /Financa	(if any) Hawayan if	tha Ruyan ha	e hath a Fa-hani	nwan & Canusa	nlagen fill ou	at another set of REPAF for the S			
<u> </u>	7USE	DUSE/ I IIIBIIGEI	-	7-DWNER	3 10011 8 100-001 1	-	CO-BORRON		PUUSE S I EI SUIIBI	FINANCER	
Last Name	JUUL	F	irst Name	BITTLE	Middle Name		<i></i>	Birthdate (mm/dd/yyyy)		Age	2:
	<u> </u>			I				Home Tel. No.	Mabile Na		
Gender: ☐ Female ☐ Male	Civil Status: L	── Single y Separated	☐ Married Widowed	<i>Citizenship:</i> Nor	· Filipina ı-Filipina:		No. of Dependents:	Email		TIN	
		<u> </u>		l	р	·	<u> </u>		سانينا □ اسا	w/ relatives	
Permanent Home Address (נייט., פרש הייטיונג, הייטיונג, הייטיונג, הייטיונג, הייטיונג, הייטיינג, הייטיינג, הייטיינג, הייטיינג, הייטיינג,	у., <i>ы</i> цу, мипісірі	ancy, rruvince, LIP 60de)				Years of S	Company Mor	_		/mo.
Mailing Address <i>(No., Stree</i>	t, Brgy., City, Mu	nicipality, Provid	nce, Zip Code)					Occupation : Self-Emp		Status: Regi	_
Descont Employer/Rusines	e Nama					Nature of Business	Industry	Uccupation : Self-cmp		Ⅰ □ □	iractual
								Incally Employed	OFW		nationary
Employer/ Business Address (Raom, Floor, Bldg. Name, Street, Brgy., City, Municipality, Province,					Zip Code) Yrs. In the Company or Business			or			y
Full Name of Authorized Representative/Attorneyin-Fact of (Family, First, Middle)					กทางแลวง			Position		Tel. No.	
	•	•				Relationship to Buyer	Birthdate (mm/dd/yyyy)	Age:		
Present Home Address (No., Street, Brgy., City, Municipality, Province, Zip Code) Email Mobile No.										-	
					FINANCIAI	INFORMATION					
A. MONTHLY INCOME PIE	ase attach anv	proof of incom	16		·······································	2109111111					
So	nurce		Borrow			Spouse	/	Co-Borrower / Financer		Toṭal	/ :11
Salaries / Income from Bu Commissions (Ave. Monthly			Р	/mont	hly P		/monthly		P		/monthly
Others:	,										
Gross Monthly Income			Р		Р			Р	Р		
Ave. Total Monthly Incom	e		Р		Р			Р	Р		

B. BANK DEPOSIT ACCOUNTS			_				
	Bank	Accour	nt Type	Date Opened	Ave. Monthly Balance		
C. LOANS							
Type of Credit	Bank/Financial Institution	Address/Phone	Original Amount	Outstanding Balance	Monthly Amort.	Collateral	
N (1 -	6 , 111	CHARACTER RE				Number/s	
Name (last name	first name middle n	iame)	Present Address				
		TERMS AND C	ONDITIONS				
I, the Buyer in this Real Esta	ate Purchase Agreement(REPAF),	have read, understood, and fully	agreed with the following	g terms and conditions s	tated hereunder:		
be free to sell the Prop The reservation fee is r I have personally inspe The Total Contract Pri Contract, price list, or b fi there is a discrepanc The Seller does not gu Without need of prior n 1 I fail to issue PD 1 I fail to submit o 1 I fail to submit o 1 I fail to submit o 1 I withdraw or ca 1 I withdraw or ca 1 I default on any I default on any I default on any I default on any I have not relied on n representative or other I have not relied on n representative or other I have not relied on n representative or other I have not relied on n representative or other I have not relied on n representative or other I have not relied on n representative or other I hall check payments shall The Seller shall levy a I he MA payments due has been delivered to remain in full effect eve I shall make all payme payment shall consist s For post dated checks All my payments shall repair & maintenance amortizations. This sec I release and equivoca I he Property shall be copossession of the Prop I shall conform to the D association dues and o I had conform to the D association dues and o I agree that after full de interest rate on the C automatically cancelled portion of the interim a 4. If the buyer's loan applic	not refundable. It shall be credited to the droperty, reviewed the place (TCP) is the fair market value credited the Property, reviewed the place (TCP) is the fair market value credit the property is the fair market value or chures and the actual area of the y between the manually computed arantee loan approval or ap	o the purchase price only if I payins, specifications, and physical of the Property, and a discrepate Property when delivered and/or amounts and system-generated of amount applied for by the buye PAF and forfeit all my payments in Amortization (IA), Monthly Amon full, the Interim Amortization (Id/or any of the charges and expk/Pag-IBIG charges (if applicabinationing requirements or contract whatsoever. It with the Seller's without the Seller's with the Seller's Comparable area and pesentation, warranty, or promise will be paid on their due dates of the term and conditions of the Seller's Comparable with the Seller's Compar	without need of my consection through its authorized may are person of the Terms of the title shall not amounts of the following evidence and the following evidence are the following evidence and the following evidence are the following	date. be acceptable. ree (3) square meters is of result in an increase of system generated amounts. ents happen: I due. stions (MA) as they fall transaction including but otherwise, to the Seller inue my payments. Int, and/or otherwise imped officers. AF, and refund to me abe agreed upon betwee except those made to more of I fully pay the equity / from payment of reservative deby the Seller. In case date of the check, and payments; and (d) in or any insurance coveragely for move-in; (b) where in the stransferred in my nate that is the stransferred in my nate tha	n gross Property and reduction in the To ints shall prevail. due or the checks at not limited to region upon demand. ose additional or do ill payments I have in the Seller and myste in writing by the grequest with the Seller and myste in writing by the grequest with the Seller and myste in writing by the grequest with the Seller and myste in writing by the grequest with the Seller and myste in writing by the grequest with the Seller and myste in writing by the grequest with the Seller and myste in writing by the great and in the seller and included in the seller and in the seller and included in the seller and included in the seller and in the seller and in the seller and included in the seller and in the seller	ea as stated in the P. issued as payment stration, insurance, ifferent payment made net of lawful elf. Seller's authorized seller for extension, intract to Sell (CTS) of this REPAF shall pancy, proof of my per check. property taxes, and all of due monthly of the Property in thing the payment of ipts to the Seller. iecks based on the my account will be ad and the principal	
information stated in the	er, certify that I agree to the to his REPAF.	cims and conditions govern	iiig uus sale udlisacu	on, i iditilei attest to	o the correctiless	or the personal	
	HORIZED REPRESENTATIVE r Printed Name)	BUYER'S SPO (Signature over Print		(5	CO-OWNER Signature over Printed Nar	ne)	
Date Signed :		Date Signed:		Date Signed:			
	Mails	SALES PERSON's	INFORMATION				
	edentor (Reddie) Sa	liba		Metroland R			
PREPARED & INTERVIEW	SALES AGENT /ED BY:		VERIFIED & INTERVIE	BROKER WED BY:			
	Sales Operation Officer			Reservation & Docu	Imentation Officer		
CHECKED BY:	(Signature over Printed Name)		APPROVED BY:	(Signature over F	mileu ivame)		
						·	
	Salas Sunarvisor			Head/ Soller's Dosin	nated Officer		
DEMARKS (For COS DD.	Sales Supervisor (Signature over Printed Name)			Head/ Seller's Desig (Signature over Print	ed Name)		
REMARKS (For CCS-RD L	ise Offiy)						