

BUYER'S INFORMATION SHEET

This information sheet is required to be accomplished by the buyer, or in the case of the corporation, its authorized representative. The information provided will be treated with utmost confidentiality and will be used to prepare your Reservation Agreement, Contract to Sell and Deed of Absolute Sale. This will help us to give you prompt and quality service.

| | | |
|---|--|---|
| Kindly accomplish this form completely. If not applicable, write N/A. Incomplete forms will not be processed. | PROJECT/SHARE | UNIT NO./BLOCK/LOT NO |
| In connection with my/our reservation as buyer/s of CDHI project, I/we would like that the property be registered as follows: | <input type="checkbox"/> Solely in my name | In both my/our names <input type="checkbox"/> Spouses <input type="checkbox"/> Co-owners |
| <input type="checkbox"/> New <input type="checkbox"/> For Updating | In the name of: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership | |
| Date Accomplished: | | |

PRINCIPAL BUYER'S INFORMATION

| | | | | |
|----------------------------|--|------------|----------------|---------------------------|
| Name: | Last Name | First Name | Middle Name | Gender: |
| Present Address: | House No. Street | Barangay | | |
| | Municipality/ City | Province | State/ Country | Zip Code |
| Permanent Address: | House No. Street | Barangay | | |
| | Municipality/ City | Province | State/ Country | Zip Code |
| Date of Birth: | MM | DD | YYYY | TIN: |
| Place of Birth: | | | | Personal Email Address: |
| Nationality: | | | | Home No.: |
| Type of ID Submitted: | <input type="checkbox"/> SSS ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Alien Employment Permit <input type="checkbox"/> UMID <input type="checkbox"/> Phil ID <input type="checkbox"/> Alien Registration Card <input type="checkbox"/> Others: _____ | | | ID Number: |
| Civil Status: | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated | | | Affiliations/ Membership: |
| Preferred Mailing Address: | <input type="checkbox"/> Present Address <input type="checkbox"/> Office Address <input type="checkbox"/> Others, please fill out: <input type="checkbox"/> Permanent Address | | | |

| INTERCOMPANY AFFILIATION (AS A STOCKHOLDER, DIRECTOR OR OFFICER) | | | |
|--|-------------|---------------|-------------|
| Company Name | Designation | No. of Shares | % of Shares |
| | | | |
| | | | |
| | | | |

| LIST OF BANKS WITH CURRENT MAINTAINING OR HAS MAINTAINED AN ACCOUNT | | | |
|---|--------|-------------------------|----------------|
| Name of Bank | Branch | Name of Contact in Bank | Contact Number |
| | | | |
| | | | |
| | | | |

BUYER'S SPOUSE INFORMATION

| | | | | |
|-----------------------|--|------------|----------------|-------------------------|
| Spouse Name: | Last Name | First Name | Middle Name | Gender: |
| Present Address: | House No. Street | Barangay | | |
| | Municipality/ City | Province | State/ Country | Zip Code |
| Permanent Address: | House No. Street | Barangay | | |
| | Municipality/ City | Province | State/ Country | Zip Code |
| Date of Birth: | MM | DD | YYYY | TIN: |
| Place of Birth: | | | | Personal Email Address: |
| Nationality: | | | | Home No.: |
| Type of ID Submitted: | <input type="checkbox"/> SSS ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Alien Employment Permit <input type="checkbox"/> UMID <input type="checkbox"/> Phil ID <input type="checkbox"/> Alien Registration Card <input type="checkbox"/> Others: _____ | | | ID Number: |

| INTERCOMPANY AFFILIATION (AS A STOCKHOLDER, DIRECTOR OR OFFICER) | | | |
|--|-------------|---------------|-------------|
| Company Name | Designation | No. of Shares | % of Shares |
| | | | |
| | | | |
| | | | |

| LIST OF BANKS WITH CURRENT MAINTAINING OR HAS MAINTAINED AN ACCOUNT | | | |
|---|--------|-------------------------|----------------|
| Name of Bank | Branch | Name of Contact in Bank | Contact Number |
| | | | |
| | | | |
| | | | |

FINANCIAL INFORMATION

| | | |
|---|--|---|
| Buyer's Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others, please specify: _____ | Spouse Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others, please specify: _____ | Average Monthly Household Income <input type="checkbox"/> Under Php 49,999 <input type="checkbox"/> Php 200,000 - Php 499,999 <input type="checkbox"/> Php 50,000 - Php 99,999 <input type="checkbox"/> Php 500,000 - Php 999,999 <input type="checkbox"/> Php 100,000 - Php 199,999 <input type="checkbox"/> Php 1,000,000 or over |
| Position: | Position: | Source of Funds <input type="checkbox"/> Self-Employed <input type="checkbox"/> Commission <input type="checkbox"/> Employed by Private <input type="checkbox"/> Pension <input type="checkbox"/> Employed by NGO, Charities, Foundations, etc. <input type="checkbox"/> Inheritance <input type="checkbox"/> Investments <input type="checkbox"/> Others: _____ |
| Company: | Company: | |
| Industry: No. of yrs: | Industry: No. of yrs: | |
| Office Address: | Office Address: | |

| BUSINESS INFORMATION | | | | | | | | | |
|---|--|--|-------------------|--|-----------------------------------|--|--|--|--|
| Business Name: | | | | | | | | | |
| Business Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Business Landline No.: | | Business Mobile No.: | | TIN: | | | | | |
| Business Email Address: | | | | Top 5,000 Individual Taxpayer in the Philippines: | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| NATURE OF BUSINESS | | | | | | | | | |
| <input type="checkbox"/> Agriculture | | <input type="checkbox"/> Food Industry | | <input type="checkbox"/> Pawnshops | | <input type="checkbox"/> Remittance and Transfer Companies / Foreign Exchange Dealers / Money Changers | | | |
| <input type="checkbox"/> Art | | <input type="checkbox"/> Leasing / Rental Activities (Land, Building, Machinery, etc.) | | <input type="checkbox"/> Precious Metals | | <input type="checkbox"/> Service Sectors | | | |
| <input type="checkbox"/> Construction | | <input type="checkbox"/> Manufacturing | | <input type="checkbox"/> Publishing/ Printing | | <input type="checkbox"/> Others: _____ | | | |
| <input type="checkbox"/> Consultancy | | <input type="checkbox"/> Weapons & Metals Trading | | <input type="checkbox"/> Real Estate | | | | | |
| <input type="checkbox"/> Financial Services | | <input type="checkbox"/> Mining | | <input type="checkbox"/> Retail and Wholesale Trade | | | | | |
| AUTHORIZED SIGNATORY (OTHER THAN BUYERS - WITH SPECIAL POWER OF ATTORNEY) / CORPORATE SECRETARY | | | | | | | | | |
| Name: | | <small>Last Name</small> | | <small>First Name</small> | | <small>Middle Name</small> | | Gender: | |
| Present Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Permanent Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Date of Birth: | | <small>MM</small> | <small>DD</small> | <small>YYYY</small> | | TIN: | | | |
| Place of Birth: | | | | Personal Email Address: | | | | | |
| Nationality: | | | | Mobile No.: | | | | Home No.: | |
| Source of Funds/Assets: | | | | Nature of Business: | | | | | |
| Type of ID Submitted: | | <input type="checkbox"/> SSS ID | | <input type="checkbox"/> Driver's License | | <input type="checkbox"/> Passport | | <input type="checkbox"/> Alien Employment Permit | |
| | | <input type="checkbox"/> UMID | | <input type="checkbox"/> Phil ID | | <input type="checkbox"/> Alien Registration Card | | <input type="checkbox"/> Others: _____ | |
| | | | | | | ID Number: | | | |
| CORPORATE INFORMATION (FOR CORPORATE ACCOUNTS) | | | | | | | | | |
| Company Name: | | | | | | | | | |
| Business Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Business Email Address: | | Business Landline No.: | | | | | | | |
| TIN: | | | | Top 20,000 Corporation in the Philippines: | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| Principal/Franchisor's Name: | | | | | | | | | |
| NAME OF OWNERS/PARTNERS/DIRECTORS/TRUSTEES/PRINCIPAL OFFICERS (add if applicable) | | | | | | | | | |
| Name: | | <small>Last Name</small> | | <small>First Name</small> | | <small>Middle Name</small> | | Gender: | |
| Present Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Date of Birth: | | <small>MM</small> | <small>DD</small> | <small>YYYY</small> | | Place of Birth: | | TIN: | |
| Nationality: | | | | Mobile No.: | | | | Home No.: | |
| Source of Funds/Assets: | | | | Nature of Business: | | | | | |
| NAME OF STOCKHOLDERS OWNING ATLEAST 20% (IF ANY, add if applicable) | | | | | | | | | |
| Name: | | <small>Last Name</small> | | <small>First Name</small> | | <small>Middle Name</small> | | Gender: | |
| Present Address: | | | | | | | | | |
| | | <small>House No.</small> | | <small>Street</small> | | <small>Barangay</small> | | | |
| | | <small>Municipality/ City</small> | | <small>Province</small> | | <small>State/ Country</small> | | <small>Zip Code</small> | |
| Date of Birth: | | <small>MM</small> | <small>DD</small> | <small>YYYY</small> | | Place of Birth: | | TIN: | |
| Nationality: | | | | Mobile No.: | | | | Home No.: | |
| Source of Funds/Assets: | | | | Nature of Business: | | | | | |
| INTERCOMPANY AFFILIATION | | | | | | | | | |
| | | <i>Company Name</i> | | | | <i>No. of Shares</i> | | <i>% of Shares</i> | |
| Parent Company | | | | | | | | | |
| Subsidiary Company | | | | | | | | | |
| Subsidiary Company | | | | | | | | | |
| OTHERS | | | | | | | | | |
| Reason for Purchase: | | <input type="checkbox"/> Primary Residence | | <input type="checkbox"/> Second/Vacation Home | | <input type="checkbox"/> Investment | | <input type="checkbox"/> As a gift | |
| | | <input type="checkbox"/> Others: _____ | | | | | | | |
| SIGNING LIMIT | | | | | | | | | |
| | | <input type="checkbox"/> Only one of the Authorized Representatives | | <input type="checkbox"/> Any two of the Authorized Representatives | | | | | |
| I/We certify that the information I/we have given is true and correct. | | | | | | | | | |
| BUYER / AUTHORIZED SIGNATORY | | | | | BUYER / AUTHORIZED SIGNATORY | | | | |
| Printed Name and Signature / Date | | | | | Printed Name and Signature / Date | | | | |