

## **BUYERS INFORMATION SHEET**

1 X 1 PICTURE

		PERSONAL BAC						
EAMILY NAME	FAMILY NAME FIRST NAME					NICKNAME		
FAMILY NAME	FIRST NAME		MIDDLE NAME			INICKNAIVIE		
HOME ADDRESS No.	Street	Street Subdivision		Barangay / Province	;	Zip Code		
CONTACT NOS: Home	Cellphone	Cellphone		ss	\$	SEX    Female    Male		
CIVIL STATUS Single Married Living	Widow/Widower AGE Together	BIRTHDAY		PLACE OF BIRTH		CITIZENSHIP		
TIN	SSS ID NUMBER	GSIS ID NUMBER	COMMUNITY	MMUNITY TAX CERTIFICATE NO., DATE & PLACE OF ISSUE				
NO. OF DEPENDENTS: NAME OF DEPENDENTS, RELATION, AGE 2								
EDUCATIONAL ATTAINMENT								
☐ HIGH SCHOOL		COLLEGE		POST GRADUATE				
IF OVERSEAS FILIPINO WORKER (OFW):								
HOME ADDRESS No.	Street	Subdivision		City / State / Country		Zip Code		
CONTACT NOS: Home	Cellphone		E-mail Address			Passport No.:		
EXISTING PROPERTIES								
LENGTH OF STAY IN PRESENT ADDRESS	HOME OWNERSHIP	Owned / Mortgaged			OU OWN OTHER REAL ESTATE PROPERTIES? please specifiy property, location and area>			
DO YOU HAVE A CREDIT CARD? If yes, pleas	e specify credit company & limit							
EMPLOYMENT								
EMPLOYMENT STATUS								
☐ EMPLOYED  IF SELF EMPLOYED		□ RETIRED		SELF-EMPLOYED		□ OFW		
☐ BUSINESS		☐ PROFESSIONAL e.g.Doct	or)	OTHERS, please spe	ecify			
NAME OF COMPANY / EMPLOYER		POSITION / JOB TITLE		TELEPHONE NO.	Į.	FAX NO.		
NATURE OF BUSINESS				BUSINESS TYPE Government Private Co. / Business				
OFFICE ADDRESS No. Street			•	City / State / Country Zip Code				
GROSS ANNUAL INCOME (IN PESO OR DOLLARS)				Yrs N	los. I	Previous Yrs	Mos	
OTHERS.			Current			100	mos	
PURPOSE FOR PURCHASE OF PROPERTY	☐ PRIMARY	☐ PRIMARY/FIRST HOME		SECOND HOME		□ INVESTMENT		
HOW DID YOU LEARN ABOUT PUEBLO NING	D ADS([	☐ ADS(☐TV☐ RADIO☐ NEWSPA		ER)		REFERRAL		
☐ WALK -IN								
		SPOUSE PERSONAL	BACKGROUN	ID				
FAMILY NAME	FIRST NAME	T		MIDDLE NAME		NICKNAME		
NATIONALITY TIN	SSS ID NUMBER	GSIS ID NUMBER	CTC NO., DA	TE & PLACE OF ISS	SUE	BIRTHDAY		
EMPLOYMENT STATUS				OF LE FAIR OVER		- OFW		
☐ EMPLOYED  IF SELF EMPLOYED		RETIRED		SELF-EMPLOYED		□ OFW		
BUSINESS PROFESSIONAL e.g.Doctor  NAME OF COMPANY / EMPLOYER  POSITION / JOB TITLE			tor)	☐ OTHERS, please specify TELEPHONE NO.		FAX NO.		
NATURE OF BUSINESS			BUSINESS T					
OFFICE ADDRESS No. Street				Government Private Co. / Business City / State / Country Zip Code				
GROSS ANNUAL INCOME (IN PESO OR DOLLARS)				E Vro 1	loo '	Provious V	Mag	
			Current	Yrs N	los.	Previous Yrs	Mos	
PRINCIPAL BUYER (Signature over printed na	ame) (Sic	SPOUSE nature over printed name	<del></del> -	BROKER/S (Signature over		DATE SIG	GNED	