



PLEASE ACCOMPLISH THIS FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED. PLEASE WRITE LEGIBLY AND USE EITHER A BLUE OR BLACK PEN. SHOULD THERE BE ANY ALTERATIONS, PLEASE INSCRIBE YOUR SIGNATURE/INITIALS ON THE ALTERED PORTION/S. PLEASE INDICATE "N/A" OR CROSS OUT THE FIELDS THAT ARE NOT APPLICABLE.

**BUYER'S INFORMATION SHEET**

Project Name: SUNNY RIDGE RESIDENCES

**PRINCIPAL BUYER**

LAST NAME	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
FIRST NAME	<input type="text"/>	Nationality	<input type="text"/>	
MIDDLE NAME	<input type="text"/>	Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Date of Birth (mm/dd/yyyy)	<input type="text"/>	Age	<input type="text"/>	<input type="checkbox"/> Separated
Birth Place	<input type="text"/>	Tin No.	<input type="text"/>	<input type="checkbox"/> Widow/er
		ID Type	<input type="checkbox"/> SSS	<input type="checkbox"/> HDMF
		ID Number	<input type="checkbox"/> GSIS	<input type="checkbox"/> others _____

Beneficiaries / Dependents	Name	Age	Relationships
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CONTACT INFORMATION**

Present Address	<input type="text"/>		
Permanent Address	<input type="text"/>		
Zip Code	<input type="text"/>	E-mail Address	<input type="text"/>
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Preferred Mailing Address	<input type="text"/>	Fax No.	<input type="text"/>

**EMPLOYMENT INFORMATION**

<input type="checkbox"/> Locally Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Licensed Professional	<input type="checkbox"/> OFW	<input type="checkbox"/> Retired
Position/Title	<input type="text"/>		Office Telephone No.	<input type="text"/>
Employer/Business Name	<input type="text"/>		Business E-mail Address	<input type="text"/>
Employer/Business Address	<input type="text"/>			
Nature of Business	<input type="text"/>	No. Of Years in Service	<input type="text"/>	Res Cert No. <input type="text"/>
		Date/Place Issued	<input type="text"/>	

**SPOUSE/CO-BUYER INFORMATION (if applicable)**

LAST NAME	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
FIRST NAME	<input type="text"/>	Citizenship	<input type="text"/>	
MIDDLE NAME	<input type="text"/>	Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Date of Birth (mm/dd/yyyy)	<input type="text"/>	Age	<input type="text"/>	<input type="checkbox"/> Separated
Birth Place	<input type="text"/>	Tin No.	<input type="text"/>	<input type="checkbox"/> Widow/er
		SSS/GSIS/HDMF NO.	<input type="text"/>	

**CONTACT INFORMATION**

Permanent Address	<input type="text"/>		
Zip Code	<input type="text"/>	E-mail Address	<input type="text"/>
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
		Fax No.	<input type="text"/>

**EMPLOYMENT INFORMATION**

<input type="checkbox"/> Locally Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Licensed Professional	<input type="checkbox"/> OFW	<input type="checkbox"/> Retired
Position/Title	<input type="text"/>		Office Telephone No.	<input type="text"/>
Employer/Business Name	<input type="text"/>		Business E-mail Address	<input type="text"/>
Employer/Business Address	<input type="text"/>			
No. of Years in Service	<input type="text"/>	Res Cert No.	<input type="text"/>	Date/Place Issued <input type="text"/>

**BUYER'S PROFILE**

Source of Funds	Principal	Spouse	Co-maker	Gross Monthly Income	Principal	Spouse	Co-maker	Current Home Ownership
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 20,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owned <input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20,001 to 40,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rented <input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40,001 to 60,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owned by Parents <input type="checkbox"/>
Remittance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60,001 to 80,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length of stay <input type="text"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80,001 to 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify: _____				100,001 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Primary Purpose for Buying  Primary Home  Retirement Home  Others; specify \_\_\_\_\_

How did you Know About the Project  Word of Mouth  Broker/Salesperson  Flyer/Leaflet  Referral  
 Internet/Webpage  Exhibition  Others \_\_\_\_\_

**OTHER FINANCIAL INFORMATION**

**DEPOSIT / INVESTMENT ACCOUNTS**

Account Type	Account No.	Bank and Address/Branch	Current Balance	Average Balance in (Php)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Below 25,000	<input type="checkbox"/> 25,000 - 50,000	<input type="checkbox"/> 50,0001- 100,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 100,001-200,000	<input type="checkbox"/> 200,000 - 300,000	<input type="checkbox"/> Above 300,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Below 25,000	<input type="checkbox"/> 25,000 - 50,000	<input type="checkbox"/> 50,0001- 100,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 100,001-200,000	<input type="checkbox"/> 200,000 - 300,000	<input type="checkbox"/> Above 300,000

\* CA- Current Account, SA- Savings Account, TD- Time Deposit

**OTHER INVESTMENTS**

Type of Investments	Financing Institution/Company	Amount (in Php)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**LOANS**

Loan Type	Maturity Date	Bank / Creditor	Original Amount (Php)	Outstanding Balance	Monthly Amortization
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CREDIT CARDS**

EXISTING CREDIT CARDS			CANCELLED CREDIT CARDS	
Bank	Date Acquired	Credit Limit (Php)	Bank	Reason for Cancellation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COURT CASES**

Have you ever been charged, tried or adjudged liable or convicted of any offense or crime violation of any law, decree, ordinance or regulation by any court, administrative agency or tribunal?  Yes  No If Yes, provide details below:

Nature (Civil / Criminal / Administrative)	Case No:	Court / Tribunal:	Status: (Pending /Dismissed/Terminated)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complaint For:		Remarks:	
<input type="text"/>		<input type="text"/>	

**FOR HDMF /PAG-IBIG LOAN APPLICANT ONLY**

Indicate number of contributions for the past 12 months \_\_\_\_\_

Do you have a previous housing loan availment from HDMF/Pag-Ibig, either as principal, co-maker or co-borrower?  Yes  No

**FOR FSPI's USE ONLY**

Date of Reservation	<input type="text"/>	Route	Recieved By/Date	Verified By/Date
UNIT ID	<input type="text"/>	Booking	<input type="text"/>	<input type="text"/>
Price	<input type="text"/>	Encoder	<input type="text"/>	<input type="text"/>
Loanable Amount	<input type="text"/>	Docs/Acctg.	<input type="text"/>	<input type="text"/>
MA	<input type="text"/>			
PR/OR No:	<input type="text"/>			
PR/OR Date	<input type="text"/>			

I/WE hereby certify that the above information are true, correct, accurate and complete. It is also agreed that Ferris Sobell Properties Inc. may inquire into their correctness by the method it may deem proper to use. Any misrepresentation of information stated herein shall be ground of default.

I/WE authorize Ferris Sobell Properties Inc. through its representative(s) to verify/validate/check/investigate with any institution or related entities with regard to the above information given including but not limited to employment histories, financial/credit records, trade/personal references, and police/ court records.

I am authorizing and giving my consent to Ferris Sobell Properties Inc. and its accredited third party partners to collect, store, share and process my information as required by RA-10173 (The Data Privacy Act of 2012) and other applicable laws and regulations.

<b>BROKER/SALESPERSON'S NAME</b>	<b>Principal Buyer</b>	<b>Spouse / Co-Maker</b>
Brokerage _____	_____	_____
Broker _____	Signature over Printed Name _____	Signature over Printed Name _____
PRC # _____	Date signed _____	Date signed _____
Salesperson _____		