

CUSTOMER INFORMATION UPDATE FORM

TO BE FILLED BY CUSTOMER/REPRESENTATIVE						
Date of Request						
Subdivision		Phase		Block		Lot
Client Name						

UPDATED CUSTOMER INFORMATION:

<input type="checkbox"/> NAME						
	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX		
<input type="checkbox"/> DATE OF BIRTH*						
<input type="checkbox"/> CIVIL STATUS*						
<input type="checkbox"/> HOME ADDRESS	HOUSE NUMBER	STREET	BARANGAY			
	CITY		COUNTRY		ZIP CODE	
<input type="checkbox"/> PRESENT ADDRESS	HOUSE NUMBER	STREET	BARANGAY			
	CITY		COUNTRY		ZIP CODE	
<input type="checkbox"/> HOME NUMBER			<input type="checkbox"/> MOBILE NUMBER			
<input type="checkbox"/> EMPLOYER or BUSINESS NAME			<input type="checkbox"/> EMAIL ADDRESS			
<input type="checkbox"/> POSITION						
<input type="checkbox"/> OFFICE ADDRESS	NUMBER/FLOOR/ROOM	BUILDING/STREET	BARANGAY			
	CITY		COUNTRY		ZIP CODE	
<input type="checkbox"/> OFFICE NUMBER						
<input type="checkbox"/> OTHERS						
<input type="checkbox"/> PREFERRED MAILING ADDRESS (CHECK ONE)	<input type="checkbox"/> HOME ADDRESS					
	<input type="checkbox"/> PRESENT ADDRESS					
	<input type="checkbox"/> OFFICE ADDRESS					
	<input type="checkbox"/> OTHERS/ SPECIAL MAILING INSTRUCTIONS : _____					

Supporting documents shall be required to validate any updates or changes in your personal information.

I declare that this form is accomplished by the undersigned and it is a true, correct, and complete statement of the information contained herein.

Customer Signature:

Signature over Printed Name/ Date Signed

UPDATED CONTACT PERSON'S INFORMATION:

<input type="checkbox"/> Name						
<input type="checkbox"/> Home Number			<input type="checkbox"/> Mobile Number			
<input type="checkbox"/> Home Address	HOUSE NUMBER	STREET	BARANGAY			
	CITY		COUNTRY		ZIP CODE	

I declare that this form is accomplished by the undersigned as the authorized representative of the lot buyer/owner. It is true, correct and complete statement of the information contained herein. Attached is the authority to act on behalf of the lot buyer/owner. I authorize Sta. Lucia Realty & Development Inc., to verify the contents stated therein.

Representative Signature:

Signature over Printed Name

Relationship to the Buyer

TO BE FILLED OUT BY AUTHORIZED SLRDI PERSONNEL

Updated by:

Name	Department	Signature	Date and Time

DATA PRIVACY CONSENT

In compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, I/we authorize and give my/our consent to **STA. LUCIA REALTY & DEVELOPMENT, INC. (SLRDI)** to collect, store, transmit, use, distribute, disclose, share, retain, dispose, destroy, and process my/our Personal Information and/or Sensitive Personal or Privileged Information contained in my/our Buyer's Information Sheet or any other form or documents that I/we have or will submit to SLRDI, whether manually or electronically, pursuant to my/our business/contractual relationship with the Companies and for any of the following purposes:

1. To administer all sales related documentation, bank mortgage and for collection purposes;
2. To process my/our complaint/s and other customer service-related requests;
3. To be included in sales & marketing activities and shared with their accredited marketing arms, affiliates and authorized third parties;
4. To be included in the list of lot owners/homeowners/members of Homeowners Association and shared with property management company, affiliates, joint venture partners, and duly organized Homeowners Association;
5. To be a respondent in SLRDI research, profiling and data analytics to improve customer experience;
6. To call and/or send me/us letters/emails from time to time, to offer promotional deals and marketing materials regarding the projects and services of SLRDI;
7. To call and/or send me/us letters/emails to explore the possibility of resale involving the property that I/we have purchased from SLRDI;

I/We understand that the sharing of my/our personal/sensitive personal/privileged information may be required to complete a transaction with SLRDI, address and handle my/ our account, for referrals, references, for sales and marketing purposes, cross-selling offers and for any legal or regulatory needs or requests, as needed.

I/We understand that in the event that my/our personal/sensitive personal/privileged information is requested to be disclosed to the Department of Human Settlements & Urban Development, the Human Settlements Adjudication Commission, the Anti-Money Laundering Council, the Bureau of Internal Revenue and/or the National Privacy Commission or upon requests of any tribunal or lawful orders of the court, SLRDI shall accede to it. I am/we are aware that SLRDI shall not and is not in the business of selling the personal/sensitive personal/privileged information of their customers/clients.

I/We understand that this authorization/consent shall continue to be in effect throughout the duration of my sales/business/contractual relationship with SLRDI and/or until expiration of the records' retention limit set by relevant laws and regulations and the period set until destruction and /or disposal of my/our records, unless I/we earlier withdraw my/our consent in writing.

I/We have read and understood and consent to be bound by all the terms and conditions stated above.

Signature over Printed Name
PURCHASER

Signature over Printed Name
SPOUSE/CO-OWNER

Signature over Printed Name
ATTORNEY-IN-FACT (AIF)