



BUYERS INFORMATION SHEET

Kindly fill-out all fields and indicate "N.A." to fields not applicable.

Penthouse Building II, Sta. Lucia East Grand Mall, Marcos Highway corner Felix Avenue, Cainta Rizal, Philippines 1900
 Tel. 722-5811 (229) / Fax 722-5022 / Website <http://www.staluciaglobal.com.ph>

Project		Location/Owner		Type of Property		Lot/Unit Details	
Lot/Floor Area		Price per sqm		Total Contract Price		Payment Terms	
Purpose of Purchase <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment <input type="checkbox"/> Others, pls. specify						Is this your first time to invest in a Sta. Lucia property? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a repeat buyer	
The purchase will be registered as: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Married <input type="checkbox"/> Spouses <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation							
TOP 3 considerations for buying the property (CHECK 3) <input type="checkbox"/> Good Location <input type="checkbox"/> Affordability <input type="checkbox"/> Near relatives <input type="checkbox"/> Developer track record <input type="checkbox"/> Potential Returns on Investment <input type="checkbox"/> Others <input type="checkbox"/> Amenities <input type="checkbox"/> Discounts <input type="checkbox"/> Servicing Agent <input type="checkbox"/> Status Symbol <input type="checkbox"/> Security							

PRINCIPAL BUYER'S INFORMATION

First Name <i>(Required)</i>		Middle Name		Last Name <i>(Required)</i>	
Date of Birth <i>(Required)</i>		Civil Status <i>(Required)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Tax Identification No. <i>(Required)</i>		Citizenship <i>(Required)</i>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport No. / Place Issued / Date Issued / Expiration Date <i>(Required)</i>			Government Issued ID - Driver's License / SSS / GSIS / TIN, etc. <i>(Required)</i>		
Permanent Residence in the Philippines <i>(Required)</i>				Mobile Number <i>(Required)</i>	
Billing Address <i>(Required)</i>					
Email Address <i>(Required)</i>					
Ownership of Current Residence <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Others, pls. specify					
Employment Type <i>(Required)</i> <input type="checkbox"/> Locally Employed <input type="checkbox"/> Proprietor / Businessman <input type="checkbox"/> OFW / OCW <input type="checkbox"/> Self-employed <input type="checkbox"/> Retiree <input type="checkbox"/> Others					
Name of Employer - Office/Business Address				Office Contact No.	
Industry / Line of Business <i>(Required)</i>		Rank / Position		Years in Service	

SPOUSE / CO-BUYER'S INFORMATION

First Name <i>(Required)</i>		Middle Name		Last Name <i>(Required)</i>	
Date of Birth <i>(Required)</i>		Civil Status <i>(Required)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Tax Identification No. <i>(Required)</i>		Citizenship <i>(Required)</i>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport No. / Place Issued / Date Issued / Expiration Date <i>(Required)</i>			Government Issued ID - Driver's License / SSS / GSIS / TIN, etc. <i>(Required)</i>		
Permanent Residence in the Philippines <i>(Required)</i>					
Residence Telephone		Mobile Number		Email Address	
Employment Type <i>(Required)</i> <input type="checkbox"/> Locally Employed <input type="checkbox"/> Proprietor / Businessman <input type="checkbox"/> OFW / OCW <input type="checkbox"/> Self-employed <input type="checkbox"/> Retiree <input type="checkbox"/> Others					
Name of Employer - Office/Business Address				Office Contact No.	
Industry / Line of Business <i>(Required)</i>		Rank / Position		Years in Service	

ATTORNEY-IN-FACT INFORMATION (For buyers abroad) Please attach Notarized Special Power of Attorney (SPA)

First Name <i>(Required)</i>		Middle Name		Last Name <i>(Required)</i>	
Date of Birth <i>(Required)</i>		Civil Status <i>(Required)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower			
Tax Identification No. <i>(Required)</i>		Citizenship <i>(Required)</i>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Buyer					
SPA's Postal/Mailing Address <i>(Required)</i>					
Residence Telephone		Mobile Number		Email Address	

I/We hereby certify that all information indicated in the BUYER'S INFORMATION SHEET are true, correct and that the signature/s appearing herein belongs to me/us and is/are genuine and binding upon me/us.

I/We hereby authorize Sta. Realty & Development, Inc. and its internal and external representatives to obtain any information and/or conduct independent verification of information provided by me/us in connection with this purchase with other institutions/third persons. I/We expressly consent to the disclosure of such institution/third person to Sta. Lucia Realty & Development, Inc. and its representatives of any such information and I/We hereby expressly waive any and all of my/our rights under applicable laws relative to the confidentiality of such information.

I/We understand that the approval of this purchase is solely discretionary upon Sta. Lucia Realty & Development, Inc. and that non-disclosure/falsification of information as herein required shall be sufficient ground for disapproval of my/our purchase and/or privileges.

PRINCIPAL BUYER
 (signature over printed name with date)

SPOUSE / CO-OWNER
 (signature over printed name with date)

ATTORNEY-IN-FACT
 (signature over printed name with date)