

AFP-RETIREMENT & SEPARATION BENEFITS SYSTEM  
**BUYER'S INFORMATION SHEET (Company)**

<b>Company Name</b>				<b>Date Prepared</b>	
License Number _____ Number of years in the field of selling real estate properties _____					
<b>Office Address</b>				<b>Telephone Number</b>	
<b>No.</b>	<b>Street</b>	<b>Subdivision</b>	<b>Barangay</b>	<b>Landline</b>	
<b>District/Municipality</b>			<b>City/Province</b>	<b>Zip Code</b>	<b>Mobile</b>
<b>Tax Identification Number</b>		<b>Community Tax Certificate</b>		<b>Fax No.</b>	
		<b>Number</b>	<b>Date</b>	<b>Place of Issue</b>	<b>E-mail</b>
<b>Branch Address</b>				<b>Telephone Number</b>	
<b>No.</b>	<b>Street</b>	<b>Subdivision</b>	<b>Barangay</b>		
<b>District/Municipality</b>			<b>City/Province</b>	<b>Zip Code</b>	
<b>AUTHORIZED REPRESENTATIVE/SIGNATORY</b>					
<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
					<b>Designation</b>
<b>Home Address</b>				<b>Fax Number</b>	
				<b>Present Position</b>	
<b>I hereby certify that the above information are true and correct</b>					
<b>I also agree to submit the required documents within fifteen (15) days from Reservation</b>					
<b>Buyer</b>			<b>Spouse</b>		
Signature over printed name			Signature over printed name		
<b>For RSBS use only. Do not fill space below.</b>					
Subdivision	Phase	Block No	Lot No	Lot Area	Price/SQM
House Model	House Area	Price/SQM	DP/Equity		TCP
OPA/RA No.	OR/PR No	OR/PR Date	Buyer's Code		
Amount of Reservation	Full Down Due Date	Documents Due Date	Marketing Assistant		

**CONSENT:**

I understand and agree that by signing or providing my Personal Data herein, I am giving my personal consent to AFPRSBS to collect, store, access, dispose, and/or process my Personal Data for the purpose of this sale transaction. I acknowledge that the collection and processing of my Personal Data is necessary for such purpose

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 Signature over Printed Name of Representative