

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

Company Name				Date Prepared	
License Number _____ Number of years in the field of selling real estate properties _____					
Office Address				Telephone Number	
No.	Street	Subdivision	Barangay	Landline	
District/Municipality				Mobile	
Tax Identification Number				Fax No.	
Community Tax Certificate				E-mail	
				SEC/DTI Registration	
				Number Date Place of Issue	
Branch Address				Telephone Number	
No.	Street	Subdivision	Barangay		
District/Municipality				City/Province Zip Code	
AUTHORIZED REPRESENTATIVE/SIGNATORY					
First Name		Middle Name		Last Name	
					Designation
Home Address				Fax Number	
				Present Position	
I hereby certify that the above information are true and correct					
I also agree to submit the required documents within fifteen (15) days from Reservation					
Buyer			Spouse		
Signature over printed name			Signature over printed name		
For RSBS use only. Do not fill space below.					
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

 Signature over Printed Name of Representative