

## CONTRACT DETAILS FORM

PROPERTY DETAILS					
<input type="checkbox"/> Northtown	<input type="checkbox"/> Northcrest	<input type="checkbox"/> Wood Lane Residences	TYPE OF BUYER		
<input type="checkbox"/> Fernwood	<input type="checkbox"/> Eden Ridge	<input type="checkbox"/> Others _____	<input type="checkbox"/> Individual		
			<input type="checkbox"/> Corporate		
CONTRACT DETAILS - PRINCIPAL BUYER					
CONTRACT NAME (Individual Buyer)				Occupation/Profession	
Last Name _____		First Name _____		Middle Name _____	
PRIMARY/MAILING ADDRESS			Civil Status		Age
_____			<input type="checkbox"/> Single <input type="checkbox"/> Widow/er		
_____ Zip Code _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated		
SECONDARY ADDRESS			Sex		Birthdate (mm/dd/yy)
_____			<input type="checkbox"/> Male		Place of Birth
_____ Zip Code _____			<input type="checkbox"/> Female		
HOME PHONE NO.	FAX NO.	MOBILE NO.	T.I.N.		RELIGION
<small>(please include country and area codes, if possible)</small>		EMAIL ADDRESS		CITIZENSHIP	
ANY GOVERNMENT ISSUED I.D. (please check one)					
<input type="checkbox"/> SSS/GSIS _____		<input type="checkbox"/> Driver's License _____		<input type="checkbox"/> Others _____	
<input type="checkbox"/> PRC _____		<input type="checkbox"/> Passport _____			
BUSINESS / EMPLOYMENT INFORMATION					
Company / Business Name			Company / Business Address		
Office/Business Phone No.	Fax No.	Employment Status		Position	Profession
		<input type="checkbox"/> Local <input type="checkbox"/> OFW			
		<input type="checkbox"/> Self-Employed			
SPOUSE'S INFORMATION					
NAME OF SPOUSE				Occupation / Profession	
Last Name _____		First Name _____		Middle Name _____	
HOME PHONE NO.		MOBILE NO.	EMAIL ADDRESS		T.I.N.
FAX NO.		Sex <input type="checkbox"/> Male		Employment Status	
<small>(please include country and area codes, if possible)</small>		<input type="checkbox"/> Female		<input type="checkbox"/> Local <input type="checkbox"/> Self-employed	
		<input type="checkbox"/> OFW <input type="checkbox"/> Expatriate		No. of Children	
BUYER WITH A SPECIAL POWER OF ATTORNEY (SPA)					
SPA'S Name				Occupation/Profession	
Last Name _____		First Name _____		Middle Name _____	
RESIDENCE ADDRESS			Civil Status		Age
_____			<input type="checkbox"/> Single <input type="checkbox"/> Widow/er		
_____ Zip Code _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated		
PREFERRED MAILING ADDRESS			Sex		Birthdate (mm/dd/yy)
_____			<input type="checkbox"/> Male		Place of Birth
_____ Zip Code _____			<input type="checkbox"/> Female		
HOME PHONE NO.	FAX NO.	MOBILE NO.	T.I.N.		CITIZENSHIP
<small>(please include country and area codes, if possible)</small>		EMAIL ADDRESS			
ANY GOVERNMENT ISSUED I.D. (please check one)					
<input type="checkbox"/> SSS/GSIS _____		<input type="checkbox"/> Driver's License _____		<input type="checkbox"/> Others _____	
<input type="checkbox"/> PRC _____		<input type="checkbox"/> Passport _____			

**CORPORATE BUYER**

Name of Corporation _____		Nature of Business _____	
BUSINESS ADDRESS _____ _____ Zip Code _____		BUSINESS PHONE NO. _____	FAX NO. _____
NAME OF AUTHORIZED SIGNATORY Last Name _____ First Name _____ Middle Name _____			DESIGNATION/POSITION _____
PREFERRED MAILING ADDRESS _____ _____ Zip Code _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yy) _____ Place of Birth _____
HOME PHONE NO. _____	FAX NO. _____	MOBILE NO. _____	T.I.N. _____
(please include country and area codes, if possible)		EMAIL ADDRESS _____	CITIZENSHIP _____
ANY GOVERNMENT ISSUED I.D. (please check one)			Civil Status
<input type="checkbox"/> SSS/GSIS _____ <input type="checkbox"/> Driver's License _____ <input type="checkbox"/> Other's _____			<input type="checkbox"/> Single <input type="checkbox"/> Widow/er
<input type="checkbox"/> PRC _____ <input type="checkbox"/> Passport _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated

**OTHERS**

Bank References  <table style="width:100%;"> <tr> <th style="width:50%;">Banks</th> <th style="width:50%;">Type of Account</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Banks	Type of Account	_____	_____	_____	_____	_____	_____	Reason for the Purchase (check all, if applicable) <input type="checkbox"/> Investment <input type="checkbox"/> For children <input type="checkbox"/> New Home <input type="checkbox"/> Others _____
	Banks	Type of Account							
_____	_____								
_____	_____								
_____	_____								
	What are the factors that you had considered in buying Alsons Properties? <input type="checkbox"/> Reliability <input type="checkbox"/> Prestige <input type="checkbox"/> Unique Concept Development <input type="checkbox"/> Trustworthiness <input type="checkbox"/> Attractive Payment Terms <input type="checkbox"/> Value-for-Money <input type="checkbox"/> Integrity <input type="checkbox"/> Service <input type="checkbox"/> Location <input type="checkbox"/> Others _____								
FROM WHERE HAVE YOU HEARD OF OUR DEVELOPMENT <input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper write-up <input type="checkbox"/> Sales Exhibit <input type="checkbox"/> A friend referred it to you <input type="checkbox"/> An Agent approached you <input type="checkbox"/> Others _____									
HAVE YOU PURCHASED A LOT FROM ALSONS PROPERTIES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state project: <input type="checkbox"/> Ladislawa Garden Village <input type="checkbox"/> Las Terrazas <input type="checkbox"/> Fernwood <input type="checkbox"/> Woodridge Park <input type="checkbox"/> Northcrest <input type="checkbox"/> Others (pls. specify) _____									

SPECIAL INSTRUCTIONS / REMARKS (Please specify):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of buyer(s)

\_\_\_\_\_  
Date