

TYPE OF TRANSACTION		PROPERTY DETAILS		
<input type="checkbox"/> SALE  <input type="checkbox"/> LEASE	<input type="checkbox"/> INDIVIDUAL  <input type="checkbox"/> CORPORATE	I/ we would like the purchase to registered as follows: <input type="checkbox"/> solely in my name <input type="checkbox"/> in both our names as Spouses  <input type="checkbox"/> in the name or names of: _____	Project Name _____  Block No./ Lot No. _____    Area (Sqm.) _____    Others _____	

INDIVIDUAL				
Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent/ Residence Address:		Years of Residency	Birthdate (mm/dd/yyyy)	Citizenship
OTHER Address: (if any)		Civil Status	T.I.N.	Number of Dependents
Home Phone No.	Fax No.	Mobile No.	Email Address	Email Address (secondary)

EMPLOYMENT INFORMATION				
Employer's/ Business Name		Employer's/ Business Address		
Office/ Business Phone No.	Office/ Business Fax No.	Office/ Business Website	Years Connected	Employment Status <input type="checkbox"/> Local <input type="checkbox"/> Expatriate <input type="checkbox"/> Self-Employed
Profession	Position	Annual Individual/ Business Income <input type="checkbox"/> <P500K <input type="checkbox"/> P500K - 1M <input type="checkbox"/> > P 1M		

SPOUSE/ CO-OWNER (If applicable)				
Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent/ Residence Address:		Years of Residency	Birthdate (mm/dd/yyyy)	Citizenship
Provincial Address:		Civil Status	T.I.N.	Number of Dependents
Home Phone No.	Fax No.	Mobile No.	Email Address	Email Address (secondary)
Employer's/ Business Name		Profession	Position	
Office/ Business Phone No.	Office/ Business Fax No.	Office/ Business Website	Years Connected	Employment Status <input type="checkbox"/> Local <input type="checkbox"/> Expatriate <input type="checkbox"/> Self-Employed

CORPORATE BUYER				
Corporate Name		Corporate Address		
Telephone No.	Fax No.	T.I.N.	Email Address	Nature of Business/Industry
Year Established	Business Permit No.	Community Tax Certificate No.	Place Issued	Date Issued

CORPORATE REPRESENTATIVE				
Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent/ Residence Address:		Years of Residency	Birthdate (mm/dd/yyyy)	Citizenship
Home Phone No.	Fax No.	Mobile No.	Email Address	Email Address (secondary)
Profession	Position	Annual Individual Income <input type="checkbox"/> <P500K <input type="checkbox"/> P500K - 1M <input type="checkbox"/> > P 1M	Annual Family Income <input type="checkbox"/> < P 1M <input type="checkbox"/> P 1M - P 2M <input type="checkbox"/> > P 2M	

SURVEY/ OTHER INFORMATION			
Where did you learn about this project?			
<input type="checkbox"/> Newspaper/ Magazine Ads	<input type="checkbox"/> Google to Website	<input type="checkbox"/> Email Blast	<input type="checkbox"/> Flyers/ Brochures
<input type="checkbox"/> Social Media	<input type="checkbox"/> Roadshows or Presentation	<input type="checkbox"/> Billboards	<input type="checkbox"/> Agent/ Broker
<input type="checkbox"/> Internet Ads	<input type="checkbox"/> Project Website	<input type="checkbox"/> Exhibits or Open House	<input type="checkbox"/> Others: _____

I/we hereby confirm that the information given to this Buyer Information Sheet are TRUE AND CORRECT to the best of my/our knowledge and that I/we have not withheld anything which would affect my/our reservation with the Company. I/We hereby authorize **AC Beautiful Island Realty Development Corp. ("ACBI")** to validate the accuracy and completeness of my/our declaration. If approved, I/we also commit to submit to ACBI all the required documents within (30) calendar days from approval of our reservation except those required to be submitted upon reservation. I/We hereby understand that the required Reservation Fee shall be non-refundable whether my/our reservation is approved or not. I/We hereby certify that my/our signature(s) appearing herein is/are genuine.

Principal Buyer's/ Corporate Representative's Signature over printed name	Date	Spouse's/ Co-owner's Signature over printed name	Date
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FOR ACBI USE ONLY			