

## 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.		Citizenship
FAX NO.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Employment Status		No. of Children
<small>(please include country and area codes, if possible)</small>		<input type="checkbox"/> Local <input type="checkbox"/> Self-employed			
		<input type="checkbox"/> OFW <input type="checkbox"/> Expatriate			
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**

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

SPECIAL INSTRUCTIONS / REMARKS (Please specify):

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date