

BUYER'S INFORMATION SHEET

ASSET SALES DIVISION

Name of Buyer:			
Permanent Address:			Telephone No/s:
Present Address:			
Preferred Mailing / Billing Address:			
Date of Birth:(mm/day/year)	Place of Birth:	E-mail Address:	Mobile Phone No/s:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Others: _____	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
TIN:	CTC No.:	Issued on:	Issued at:

Authorized Representative:	Telephone / Mobile Phone No/s:
Address:	
*Note: Pls. attach the appropriate written authorization (SPA for individual buyer; Secretary's Certificate/Board Resolution for corporate buyer).	

SPOUSE INFORMATION (If Applicable)

Name:			
Permanent Address:			Telephone No/s:
Present Address:			
Date of Birth:(mm/day/year)	Place of Birth:	E-mail Address:	Mobile Phone No/s:
TIN _____	CTC No.: _____	Issued On: _____	Issued at: _____

OCCUPATION / EMPLOYMENT / BUSINESS INFORMATION

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____	Name of Employer / Business:
	Nature of Job / Business:
Office Address:	
Telephone No/s:	
Position/Title:	Years w/ Company:
Spouse's Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____	Name of Employer / Business:
	Nature of Job / Business:
Office Address:	
Telephone No/s:	
Position/Title:	Years w/ Company:

FINANCIAL INFORMATION

GROSS MONTHLY INCOME	BUYER	SPOUSE	TOTAL
Salaries and Allowances	_____	_____	_____
Business	_____	_____	_____
Others (Pls. Specify)	_____	_____	_____
TOTAL MONTHLY INCOME	_____	_____	_____

CREDIT AND BANK REFERENCES

Bank / Financial Institution	Contact Number	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Married Buyers:

For purposes of preparing the Deed of Absolute Sale / Deed of Absolute Sale with Undertaking to Mortgage, I/we want the document/s to be in (check box):

My name (with marital consent) Our names as SPOUSES

Preferred Mailing / Billing Address: Home Others: (pls. specify)
 Office

I/WE HEREBY CERTIFY that the above information are true, correct, accurate and complete. I/WE also authorize PSBank to obtain information from my banks, employer and other references listed herein.

Signature Over Printed Name

Signature Over Printed Name