

UNIT RESERVATION FORM

ANNEX A

| |
|------------------------------|
| Holding Reference Number |
| Reservation Reference Number |

BUYER INFORMATION

CO-OWNER DETAILS

To be registered as: (Select one)
 Individual Married To Spouses Minor

| | | | | |
|---|-----------|---------------|--------------|---|
| Title | Last Name | First Name | Middle Name | Tax Identification No. |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | Civil Status | Citizenship (Indicate both if dual citizenship) |
| Passport No. or other valid Government-issued ID (Submit photocopy) | | | | |

| RESIDENCE | | | | | |
|--|---------------------|---|------|------------------|---------|
| No. | Street, Subdivision | Barangay | City | Province / State | Country |
| Telephone Number (Country Code - Area Code - Number) | | Mobile Number (Country Code - Area Code - Number) | | Email Address | |

| OFFICE | | | | | |
|--|---------------------|---|------|------------------|---------|
| Employer Name | | | | | |
| No. | Street, Subdivision | Barangay | City | Province / State | Country |
| Telephone Number (Country Code - Area Code - Number) | | Mobile Number (Country Code - Area Code - Number) | | Email Address | |

| SPOUSE DETAILS | | | | | |
|---|-----------|---------------|--------------|---|--|
| Title | Last Name | First Name | Middle Name | Tax Identification No. | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | Civil Status | Citizenship (Indicate both if dual citizenship) | |
| Passport No. or other valid Government-issued ID (Submit photocopy) | | | | | |

| RESIDENCE | | | | | |
|--|---------------------|---|------|------------------|---------|
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| Telephone Number (Country Code - Area Code - Number) | | Mobile Number (Country Code - Area Code - Number) | | Email Address | |

| OFFICE | | | | | |
|--|---------------------|---|------|------------------|---------|
| Employer Name | | | | | |
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| Telephone Number (Country Code - Area Code - Number) | | Mobile Number (Country Code - Area Code - Number) | | Email Address | |

| | | |
|---|--|---|
| <input type="checkbox"/> ATTORNEY-IN-FACT (Special Power of Attorney [SPA] Required) | <input type="checkbox"/> GUARDIAN DETAILS (For Minor) | <input type="checkbox"/> TRUST ACCOUNT |
|---|--|---|

| | | | | | |
|---|-----------|---------------|--------------|---|--|
| Title | Last Name | First Name | Middle Name | Tax Identification No. | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth | Civil Status | Citizenship (Indicate both if dual citizenship) | |
| Passport No. or other valid Government-issued ID (Submit photocopy) | | | | | |

| RESIDENCE | | | | | |
|--|---------------------|---|------|------------------|---------|
| No. | Street, Subdivision | Barangay | City | Province / State | Country |
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| OFFICE | | | | | |
|--|---------------------|---|------|------------------|---------|
| Employer Name | | | | | |
| No. | Street, Subdivision | Barangay | City | Province / State | Country |
| Telephone Number (Country Code - Area Code - Number) | | Mobile Number (Country Code - Area Code - Number) | | Email Address | |

I have read and signed the Terms and Conditions on page 2 and signify my conformity to the foregoing and certify that all information provided are true and correct.

| | |
|---|---|
| BUYER: <div style="text-align: right; margin-right: 50px;">Signature over printed name</div> | BUYER: <div style="text-align: right; margin-right: 50px;">Signature over printed name</div> |
| PROPERTY SPECIALIST / BROKER <div style="text-align: right; margin-right: 50px;">Signature over printed name</div> | <input type="checkbox"/> SALES MANAGER <input type="checkbox"/> SALES DIRECTOR <input type="checkbox"/> SALES HEAD <div style="text-align: right; margin-right: 50px;">Signature over printed name</div> |