

UNIT RESERVATION FORM

Holding Reference Number
Reservation Reference Number

RESERVATION AGREEMENT

I hereby manifest my intention to purchase from the "Company" the "Property" and request that the Property be reserved for my purchase under the agreed price, terms and conditions indicated below:

The "Company"

<input type="checkbox"/> SM Development Corporation	<input type="checkbox"/> SM Synergy Properties Holdings Corporation	<input type="checkbox"/> SM Prime Holdings, Inc.
<input type="checkbox"/> Twenty Two Forty One Properties, Inc.	<input type="checkbox"/> Vancouver Lands Incorporated	<input type="checkbox"/> Others: _____

The "Property"

Project Name		Phase/Building:		Block:
Unit No.	Approximate Area (sqm)	Lot No.	Approximate Area (sqm)	Unit Type / House Model:

TERMS OF PAYMENT

UNIT COMPUTATION

List Price	P	_____
Less: Applicable Discount/s	P	_____
_____ % Company Discount	P	_____
_____ % Standard Discount	P	_____
_____ % Promo Discount	P	_____
Total Discounts	P	_____
Net List Price	P	_____
Add: 12% VAT (if any)	P	_____
Total Contract Price	P	_____
Add: Other Charges	P	_____
Total Amount Payable	P	_____

PAYMENT SCHEME DETAILS

<input type="checkbox"/> Spot Cash	<input type="checkbox"/> Deferred Cash	<input type="checkbox"/> Installment
Less:		
Reservation Fee (*)	P	_____ Due Date _____
Retention Fee	P	_____
_____ % Spot Down payment	P	_____ Due Date _____
_____ % Net Down payment	P	_____
_____ % Balance	P	_____ Due Date _____
No. of Mos.	_____	Starting Due Date _____
Monthly Amortization	P	_____
Payable thru:	<input type="checkbox"/> Cash <input type="checkbox"/> Bank <input type="checkbox"/> Others: _____	
Validity Date of Payment Scheme:	_____	

BUYER INFORMATION

PRINCIPAL BUYER DETAILS

To be registered as: (Fill up Annex A for Co-owner, Attorney-In-Fact, Trust Account or Representative Details if applicable)

Individual Married To Spouses Corporation / Partnership Trust Account Minor

Co-owners: _____ (Write in order how it will appear in all documents)

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

RESIDENCE						Co-owners
No.	Street, Subdivision	Barangay	City	Province / State	Country	ZIP Code
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	ZIP Code
Telephone Number (Country Code - Area Code - Number)		Mobile Number (Country Code - Area Code - Number)		Email Address		
Select the contact details to be used for correspondence: <input type="checkbox"/> Residence <input type="checkbox"/> Office						

ALTERNATE CONTACT PERSON						
Name of Person						
No.	Street, Subdivision	Barangay	City	Province / State	Country	ZIP Code
Telephone Number (Country Code - Area Code - Number)		Mobile Number (Country Code - Area Code - Number)		Email Address		

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

RESIDENCE						
No.	Street, Subdivision	Barangay	City	Province / State	Country	ZIP Code
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	ZIP Code
Telephone Number (Country Code - Area Code - Number)		Mobile Number (Country Code - Area Code - Number)		Email Address		
Select the contact details to be used for correspondence: <input type="checkbox"/> Residence <input type="checkbox"/> Office						

OTHERS								
Source of Sale								
<input type="checkbox"/> Booth/Showroom	<input type="checkbox"/> Event	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Repeat Buyer	<input type="checkbox"/> Internet	<input type="checkbox"/> E-mail	<input type="checkbox"/> Flyer	<input type="checkbox"/> Referral	<input type="checkbox"/> Employee
Reason for buying							Country of Origin of Sales	
<input type="checkbox"/> Primary Home	<input type="checkbox"/> Secondary Home	<input type="checkbox"/> For Rental/Resale	<input type="checkbox"/> For Other Family Members					

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:	BUYER:
Signature over printed name	Signature over printed name
PROPERTY SPECIALIST / BROKER	<input type="checkbox"/> SALES MANAGER <input type="checkbox"/> SALES DIRECTOR <input type="checkbox"/> SALES HEAD
Signature over printed name	Signature over printed name