

BUYER'S INFORMATION SHEET



PRIME



SYNERGY

SUMMERSPRING
DEVELOPMENT CORP.

224
DEVELOPMENT CORP.

SPRINGTOWN
DEVELOPMENT CORP.

102 E. DE LOS SANTOS
REALTY CO., INC.

VANCOUVER
LANDS INC.

Metro South Davao
Property Corporation



The "Property"									
Company Name:		Block No.:		Lot No.:		Lot Floor Area:		House Floor Area:	
Project Name:		Unit No./Parking No./Phase/Building:		Unit Area:		Unit Type:		House Model:	
BUYER INFORMATION									
PRINCIPAL BUYER DETAILS									
To be registered as: <input type="checkbox"/> Individual <input type="checkbox"/> Married to <input type="checkbox"/> Spouses <input type="checkbox"/> Corporation / Partnership <input type="checkbox"/> Trust Account <input type="checkbox"/> Minor									
Contract Name: (Write in order how it will appear in all documents including co-buyer/s)									
Title:	First Name:		Middle Name:		Last Name:		Suffix:	Tax Identification Number:	
Name of Corporation/Partnership/Trust, as registered (If applicable):									
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):		Place of Birth:		Civil Status:		Citizenship (indicate both if dual citizenship):		Personal Email Address:
RESIDENCE (DO NOT ABBREVIATE)									
Present Address:	House/Unit No.:		Street, Subdivision:				Barangay:		
	City:		Province/State:				Country:		ZIP Code:
Permanent Address:	House/Unit No.:		Street, Subdivision:				Barangay:		
	City:		Province/State:				Country:		ZIP Code:
Permanent Address same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Telephone No. (Country Code – Area Code – Number):				Mobile No. (Country Code – Area Code – Number):		
Social Media Account for Contact Purposes (Choose One): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Whatsapp <input type="checkbox"/> Viber <input type="checkbox"/> WeChat <input type="checkbox"/> Telegram							Profile Name or Whatsapp/ Viber/ Wechat/ Telegram Number:		
EMPLOYMENT/BUSINESS INFORMATION									
<input type="checkbox"/> Private Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> NGO, Charities, Foundations, other entity receiving donations									
Employer Name:			Type of Business Organization (for self-employed) <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership				Type of Business Ownership (for self employed) <input type="checkbox"/> Franchisee <input type="checkbox"/> Licensee <input type="checkbox"/> Distributor/ Dealer <input type="checkbox"/> Regional Franchisor		
Business Name (for self-employed):									
Position:			Work email address:				Gross Monthly Income: <input type="checkbox"/> Under Php 49,000 <input type="checkbox"/> Php 100,000-149,999 <input type="checkbox"/> Php 50,000-99,999 <input type="checkbox"/> Php 150,000 or over		
Bldg./Unit No.:			Street, Subdivision:				Barangay:		
City:			Province/State:				Country:		ZIP Code:
Select the contact details to be used for correspondence: <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Office			Telephone No. (Country Code – Area Code – Number):				Mobile No. (Country Code – Area Code – Number):		
INDUSTRY									
<input type="checkbox"/> Accounting	<input type="checkbox"/> Art Collection	<input type="checkbox"/> Construction, Design & Architecture	<input type="checkbox"/> Farming, Animals & Conservation	<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate & Property	<input type="checkbox"/> Transport & Logistics		
<input type="checkbox"/> Administration & Office Support	<input type="checkbox"/> Banking & Financial Services	<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Food	<input type="checkbox"/> Human Resources & Recruitment	<input type="checkbox"/> Marketing & Communications	<input type="checkbox"/> Retail & Consumer Products	<input type="checkbox"/> Trades & Services		
<input type="checkbox"/> Aviation	<input type="checkbox"/> Call Centre & Customer Service	<input type="checkbox"/> Education & Training	<input type="checkbox"/> Government & Defense	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Maritime	<input type="checkbox"/> Science & Technology	<input type="checkbox"/> Weapons and Metals Trading		
<input type="checkbox"/> Advertising, Arts & Media	<input type="checkbox"/> Community Services & Development	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Legal	<input type="checkbox"/> Mining, Resources & Energy	<input type="checkbox"/> Sport & Recreation			
<input type="checkbox"/> SPOUSE OR <input type="checkbox"/> AUTHORIZED SIGNATORY DETAILS FOR CORPORATE ACCOUNTS									
Title:	First Name:		Middle Name:		Last Name:		Suffix:	Tax Identification Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):		Place of Birth:		Civil Status:		Citizenship (indicate both if dual citizenship):		Personal Email Address:
RESIDENCE (DO NOT ABBREVIATE)									
House/Unit No.:			Street, Subdivision:				Barangay:		
City:			Province/State:				Country:		ZIP Code:

Telephone No. (Country Code – Area Code – Number):				Mobile No. (Country Code – Area Code – Number):				
Social Media Account for Contact Purposes (Choose One): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Whatsapp <input type="checkbox"/> Viber <input type="checkbox"/> WeChat <input type="checkbox"/> Telegram						Profile Name or Whatsapp/ Viber/ Wechat/ Telegram Number:		
EMPLOYMENT/BUSINESS INFORMATION								
<input type="checkbox"/> Private Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> NGO, Charities, Foundations, other entity receiving donations								
Employer Name:		Type of Business Organization (for self-employed) <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			Type of Business Ownership (for self employed) <input type="checkbox"/> Franchisee <input type="checkbox"/> Licensee <input type="checkbox"/> Distributor/ Dealer <input type="checkbox"/> Regional Franchisor			
Business Name (for self-employed):								
Position:		Gross Monthly Income: <input type="checkbox"/> Under Php 49,000 <input type="checkbox"/> Php 50,000-99,999 <input type="checkbox"/> Php 100,000-149,999 <input type="checkbox"/> Php 150,000 or over						
Bldg./Unit No.:		Street, Subdivision:			Barangay:			
City:		Province/State:			Country:		ZIP Code:	
Work Email Address:		Telephone No. (Country Code – Area Code – Number):			Mobile No. (Country Code – Area Code – Number):			
INDUSTRY								
<div><input type="checkbox"/> Accounting <input type="checkbox"/> Art Collection <input type="checkbox"/> Construction, Design & Architecture <input type="checkbox"/> Farming, Animals & Conservation <input type="checkbox"/> Hospitality & Tourism <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Property <input type="checkbox"/> Transport & Logistics</div> <div><input type="checkbox"/> Administration & Office Support <input type="checkbox"/> Banking & Financial Services <input type="checkbox"/> Domestic Services <input type="checkbox"/> Food <input type="checkbox"/> Human Resources & Recruitment <input type="checkbox"/> Marketing & Communications <input type="checkbox"/> Retail & Consumer Products <input type="checkbox"/> Trades & Services</div> <div><input type="checkbox"/> Aviation <input type="checkbox"/> Call Centre & Customer Service <input type="checkbox"/> Education & Training <input type="checkbox"/> Government & Defense <input type="checkbox"/> Information Technology <input type="checkbox"/> Maritime <input type="checkbox"/> Science & Technology <input type="checkbox"/> Weapons and Metals Trading</div> <div><input type="checkbox"/> Advertising, Arts & Media <input type="checkbox"/> Community Services & Development <input type="checkbox"/> Entertainment <input type="checkbox"/> Healthcare <input type="checkbox"/> Legal <input type="checkbox"/> Mining, Resources & Energy <input type="checkbox"/> Sport & Recreation</div>								
<input type="checkbox"/> ATTORNEY-IN-FACT (SPECIAL POWER OF ATTORNEY [SPA] REQUIRED) <input type="checkbox"/> GUARDIAN DETAILS (FOR MINOR) <input type="checkbox"/> TRUST ACCOUNT								
AIF to sign in behalf of								
Title:	First Name:		Middle Name:		Last Name:		Suffix:	Tax Identification Number:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):		Civil Status:		Citizenship (indicate both if dual citizenship):		Personal Email Address:	
Mailing Address:	House/Unit No.:		Street, Subdivision:			Barangay:		
	City:		Province/State:			Country: ZIP Code:		
Telephone No. (Country Code – Area Code – Number):				Mobile No. (Country Code – Area Code – Number):				
Social Media Account for Contact Purposes (Choose One): <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Whatsapp <input type="checkbox"/> Viber <input type="checkbox"/> WeChat <input type="checkbox"/> Telegram						Profile Name or Whatsapp/ Viber/ Wechat/ Telegram Number:		
DISCLOSURE								
<p>Are you presently holding any of the following positions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES", please check applicable position below. Additional buyer information and document/s maybe required.</p> <div><div><input type="radio"/> National / Local Government Official</div><div><input type="radio"/> Appointed Executive Official</div><div><input type="radio"/> Chairman, Commissioner, or Member of any Constitutional Commission</div><div><input type="radio"/> Head or CEO of a Government-Owned or Controlled Corporation</div></div> <div><div><input type="radio"/> Judicial Official</div><div><input type="radio"/> Leader or Officer of a Major National Political Party</div><div><input type="radio"/> Head of a Foreign State</div></div>								
OTHERS								
Source of Awareness/How did you know about SMDC ? (Please check all that applies) <div><input type="checkbox"/> Digital Advertising (Social Media, Website, Email) <input type="checkbox"/> Outdoor Advertising (Billboards, Signages) <input type="checkbox"/> Existing Buyer</div> <div><input type="checkbox"/> Print Advertising (Newspapers, Magazines) <input type="checkbox"/> Showrooms/Booths <input type="checkbox"/> Employee Buyer</div> <div><input type="checkbox"/> Broadcast Media (TV, Radio) <input type="checkbox"/> Referral from Family/Friends</div> <div><input type="checkbox"/> Advertising from Event <input type="checkbox"/> Recommendation by Seller</div>				Source of Funds: <div><input type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Savings / Investment</div> <div><input type="checkbox"/> Employment <input type="checkbox"/> Regular Pension <input type="checkbox"/> Unemployed</div> <div><input type="checkbox"/> Gift or Donation <input type="checkbox"/> Remittance</div>				
Commission Matrix: _____ Best Time to Call: _____ Time Zone: _____				Where did you finalize your purchase of your SMDC unit? <div><input type="checkbox"/> Showroom or Booth <input type="checkbox"/> Online <input type="checkbox"/> One-on-one meeting/ phone/video call with sales agent/broker</div> <div><input type="checkbox"/> Local Sales Event (please specify) : _____</div> <div><input type="checkbox"/> International Sales Event (please specify) : _____</div>				

I signify my conformity to the foregoing and certify that all information provided above are true and correct.

BUYER/S & AUTHORIZED SIGNATORIES (If applicable)			
SIGNATURE OVER PRINTED NAME			
SELLERS			
SALES ASSOCIATE	IMP	LOCAL BROKER	IPS/PS
BP:	BP:	BP:	BP:
SELLERS			
BROKER LIAISON OFFICER	ASST. SALES DIRECTOR	SALES DIRECTOR	