

Unit 708 - West Tower, Philippine Stock Exchange Center, Exchange Road, Ortigas Center, Pasig City, Philippines
Telephone (632) 8635 - 4946 | Fax (632) 8681 - 7467 | Website <http://www.opmc.ph>

PROJECT:		LOCATION:		OWNER:		TYPE OF PROPERTY:	
LOT AREA:		PRICE PER SQM:		TOTAL CONTRACT PRICE:		LOT / UNIT DETAILS: P - B - L -	
PAYMENT TERM:		<input type="checkbox"/> STANDARD <input type="checkbox"/> PROMO		PROMO NAME:			
HOW DID YOU LEARN ABOUT US:		<input type="checkbox"/> FAMILY <input type="checkbox"/> FRIENDS <input type="checkbox"/> FACEBOOK <input type="checkbox"/> WEBSITE <input type="checkbox"/> WOM (WORD OF MOUTH)		<input type="checkbox"/> EXHIBIT <input type="checkbox"/> REFERRAL <input type="checkbox"/> SATURATION <input type="checkbox"/> WALK-IN <input type="checkbox"/> INFORMATION BOOTH			
PURPOSE OF PURCHASE:		<input type="checkbox"/> PRIMARY RESIDENCE <input type="checkbox"/> SECONDARY RESIDENCE <input type="checkbox"/> TERTIARY RESIDENCE		<input type="checkbox"/> INVESTMENT <input type="checkbox"/> OTHERS, SPECIFY			
THE BUYER DESIRES THE PURCHASE TO BE REGISTERED AS:		<input type="checkbox"/> SOLE <input type="checkbox"/> SPOUSES <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP					
PRINCIPAL BUYER'S INFORMATION							
FIRST NAME: * Required		MIDDLE NAME: * Required		LAST NAME: * Required			
DATE OF BIRTH: * Required		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS: * Required <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER/WIDOW			
TAX IDENTIFICATION NO.: * Required		CITIZENSHIP: * Required		RELIGION: * Required			
PASSPORT NO. / PLACE / DATE ISSUED / EXPIRATION DATE: * Required							
GOVT. ISSUED ID NO., ID NAME (TIN NUMBER/ DRIVER'S LICENSE/ SSS/GSIS, etc.): * Required							
PERMANENT RESIDENCE ADDRESS IN THE PHILIPPINES: * Required							
PROVINCIAL ADDRESS:							
OWNERSHIP OF CURRENT RESIDENCE:		<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LIVING WITH RELATIVES <input type="checkbox"/> MORTGAGED		YEARS OF RESIDENCY:			
RESIDENCE TELEPHONE NO.: * Required		MOBILE NO.: * Required		PERSONAL E-MAIL ADDRESS: * Required			
EMPLOYMENT TYPE (Primary Source of Income): * Required <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> LOCALLY EMPLOYED <input type="checkbox"/> OVERSEAS CONTRACT WORKER							
BUSINESS / EMPLOYER'S NAME:							
OFFICE ADDRESS:							
INDUSTRY: * Required		RANK / POSITION:		YEARS IN SERVICE:			
OFFICE TELEPHONE NO.:		OFFICE FAX NO.:		OFFICE E-MAIL ADDRESS:		GROSS MONTHLY INCOME:	
SPOUSE / CO-BUYER'S INFORMATION							
FIRST NAME: * Required		MIDDLE NAME: * Required		LAST NAME: * Required			
RELATIONSHIP TO BUYER: * Required		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS: * Required <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER/WIDOW			
DATE OF BIRTH: * Required		CITIZENSHIP: * Required		RELIGION: * Required			
PASSPORT NO. / PLACE / DATE ISSUED / EXPIRATION DATE: * Required							
GOVT. ISSUED ID NO., ID NAME (TIN NUMBER/ DRIVER'S LICENSE/ SSS/GSIS, etc.): * Required							
PERMANENT RESIDENCE ADDRESS IN THE PHILIPPINES: * Required							
PROVINCIAL ADDRESS:							
RESIDENCE TELEPHONE NO.: * Required		MOBILE NO.: * Required		PERSONAL E-MAIL ADDRESS: * Required			
EMPLOYMENT TYPE (Primary Source of Income): * Required <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> LOCALLY EMPLOYED <input type="checkbox"/> OVERSEAS CONTRACT WORKER							
BUSINESS / EMPLOYER'S NAME:							
OFFICE ADDRESS:							
OFFICE TELEPHONE NO.:		OFFICE FAX NO.:		OFFICE E-MAIL ADDRESS:		GROSS MONTHLY INCOME:	
ATTORNEY-IN-FACT (for buyers abroad) Please attach notarized Special Power of Attorney (SPA)							
FIRST NAME:		MIDDLE NAME:		LAST NAME:			
RESIDENCE TELEPHONE NO.:		MOBILE NO.:		PERSONAL E-MAIL ADDRESS:			
SPA'S POSTAL / MAILING ADDRESS:							
TAX IDENTIFICATION NO.:		CITIZENSHIP:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
DATE OF BIRTH:		RELATIONSHIP TO BUYER:		CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER/WIDOW			

I/We hereby certify that all information indicated in the Buyer's Information Sheet are valid, true, correct, and complete and that the signature/s appearing herein belong/s to me/us and is/are genuine and binding upon me/us.

I/We hereby authorize Orchard Property Marketing Corporation and its internal and external representatives to obtain any information from and/or conduct independent verification of information provided by me/us in connection with this purchase with other institution/third person. I/We expressly consent to the disclosure of such institution/third person to Orchard Property Marketing Corporation and its representative of any such information and I/We hereby expressly waive any and all of my/our rights under applicable laws relative to the confidentiality of such information.

I/We understand that the approval of this purchase is solely discretionary upon Orchard Property Marketing Corporation and that non disclosure/falsification of information as herein required shall be sufficient ground for disapproval of my/our purchase and/or privileges.

I agree to OPMC's Privacy Policy and give my full consent to collect necessary data from me to process my transaction with the company.
(To read the Privacy Policy, please visit www.opmc.ph/privacy-policy)

PRINCIPAL BUYER
(Signature Over Printed Name)

SPOUSE / CO-OWNER
(Signature Over Printed Name)

ATTORNEY IN FACT
(Signature Over Printed Name)

DATE