



HIGHLANDS PRIME, INC.

One E-Com Center, 10th Floor, Harbor Drive, Mall of Asia Complex, Pasay City 1300
 Tel. (632) 857-0100 Fax: (632) 857-0245

BUYER'S INFORMATION SHEET

This information sheet is required to be accomplished by the buyer, or in the case of the corporation, its authorized representative. The information provided will be treated with utmost confidentiality and will be used to prepare your Reservation Agreement, Contract To Sell and Deed of Absolute Sale. This will help us to give you prompt and quality service.

Kindly accomplish this form completely.
 Incomplete forms will not be processed.

PROJECT:	UNIT NO/BLOCK/LOT NO:
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In connection with my/our reservation as buyer/s of HPI project, I/we would like that the property be registered as follows:	<input type="checkbox"/> Solely in my name	In both my/our names <input type="checkbox"/> Spouses <input type="checkbox"/> Co-owners	In the name of: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
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A. PRINCIPAL BUYER'S INFORMATION

BUYER'S NAME:			GENDER:	
SURNAME	FIRST NAME	MIDDLE NAME		
DATE OF BIRTH:	CITIZENSHIP:	AGE:	CIVIL STATUS:	TIN:
HOME ADDRESS:				
STREET	CITY	COUNTRY	ZIP CODE	
HOME PHONE:	MOBILE PHONE:	PERSONAL EMAIL ADDRESS:		
OCCUPATION	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> ENTREPRENEUR/OWNS A BUSINESS	NAME OF COMPANY:	
	<input type="checkbox"/> WORKS ABROAD			
INDUSTRY:	POSITION:	No. of years with current company:		
OFFICE ADDRESS:				
STREET	CITY	COUNTRY	ZIP CODE	
PREFERRED MAILING ADDRESS:	<input type="checkbox"/> HOME ADDRESS	<input type="checkbox"/> OFFICE ADDRESS		
<input type="checkbox"/> OTHERS PLEASE FILL OUT:				
STREET	CITY	COUNTRY	ZIP CODE	
PASSPORT NO. :	ISSUED AT:	DATE ISSUED:	EXPIRY DATE:	

B. SPOUSE'S INFORMATION

SPOUSE'S NAME:			GENDER:	
SURNAME	FIRST NAME	MIDDLE NAME		
DATE OF BIRTH:	AGE:	CITIZENSHIP:	CIVIL STATUS:	TIN:
OCCUPATION:				
	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> WORKS ABROAD	NAME OF COMPANY:	
	<input type="checkbox"/> ENTREPRENEUR /OWNS A BUSINESS			
INDUSTRY:	POSITION:	No. of years with current company:		
PASSPORT NO. :	ISSUED AT:	DATE ISSUED:	EXPIRY DATE:	

C. ATTORNEY-IN-FACT'S INFORMATION (FOR REPRESENTATIVE)

SURNAME			FIRST NAME		MIDDLE NAME		GENDER:		
DATE OF BIRTH:	AGE:	CITIZENSHIP:	CIVIL STATUS:	TIN:					
OCCUPATION:								NAME OF COMPANY:	
	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> WORKS ABROAD							
	<input type="checkbox"/> ENTREPRENEUR /OWNS A BUSINESS								
INDUSTRY:	POSITION:	No. of years with current company:							
PASSPORT NO. :	ISSUED AT:	DATE ISSUED:	EXPIRY DATE:						

D. CORPORATE INFORMATION (FOR CORPORATE ACCOUNTS)

NAME OF COMPANY: _____								COMPANY TIN		COMPANY CTC NO.	
NAME OF AUTHORIZED SIGNATORY:											
1. _____											
SURNAME	FIRST NAME	MIDDLE NAME	POSITION	TIN	CONTACT NO.	EMAIL					
2. _____											
SURNAME	FIRST NAME	MIDDLE NAME	POSITION	TIN	CONTACT NO.	EMAIL					

E. CLUB MEMBERSHIP

(A non-member must check type of membership to be purchased. A member must check existing type of membership and indicate his Membership ID No.)

<input type="checkbox"/> MEMBER	<input type="checkbox"/> TMGC	<input type="checkbox"/> TCCATH	<input type="checkbox"/> THIGCI	<input type="checkbox"/> Spa & Lodge	Membership No. _____
<input type="checkbox"/> NON-MEMBER	FOR CORPORATION: Name of Designee _____ Name of Designee's Spouse _____				

HOW DID YOU FIND OUT ABOUT OUR PROJECT:						PLEASE SPECIFY (i.e. which print ad, what magazine, exhibit, name of agent, which website, etc.)					
<input type="checkbox"/> PRINT AD	<input type="checkbox"/> AGENT	<input type="checkbox"/> EVENT/EXHIBIT	<input type="checkbox"/> BY REFERRAL								
<input type="checkbox"/> INTERNET	<input type="checkbox"/> DIRECT MAIL	<input type="checkbox"/> WALK-IN AT SMO	<input type="checkbox"/> OTHER/S								

REASONS FOR PURCHASE:	<input type="checkbox"/> PRIMARY RESIDENCE	<input type="checkbox"/> SECOND/VACATION HOME	<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> AS A GIFT	<input type="checkbox"/> OTHERS (Pls. specify)
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I certify that the information I have given is true and correct

BUYER'S SIGNATURE:	DATE:
SPOUSE'S SIGNATURE: (If property is to be registered as "SPOUSES")	DATE: