



HOTEL OF ASIA INC.

Control No. _____

BUYER INFORMATION SHEET

Project Name: _____ Unit No. _____ Principal Buyer Co-owner

For Personal Account

Details must be consistent with Valid ID and Validated TIN.

Name (Surname, First Name, Middle Name)	Mobile No.	Landline No.
Permanent Address (No., Street, Brgy., City, Country)	Email Address	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorcee	Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Other, Specify _____	
	Occupation: <input type="checkbox"/> Student <input type="checkbox"/> OFW <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Entrepreneur <input type="checkbox"/> Other, Specify _____	Tax Identification Number (TIN)
If Employed or Self-Employed: Name of Company: _____ Company / Business Address: _____ Position: _____ Date Employed: _____ Phone Nos.: _____	Engaged in Trade or Business <input type="checkbox"/> Yes, Type of Business: _____ <input type="checkbox"/> No	
	Monthly Income <input type="checkbox"/> Below P25,000 <input type="checkbox"/> P50,001 to P75,000 <input type="checkbox"/> P100,001 to P125,000 <input type="checkbox"/> P25,001 to P50,000 <input type="checkbox"/> P75,001 to P100,000 <input type="checkbox"/> P125,001 and above	

Spouse Information

Name (Surname, First Name, Middle Name)	Mobile No.	Landline No.
Permanent Address (No., Street, Brgy., City, Country)	Email Address	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> OFW <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Entrepreneur <input type="checkbox"/> Other, Specify _____	Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Other, Specify _____	
	Tax Identification Number (TIN)	Government Issued ID Nos./Expiry
If Employed or Self-Employed: Name of Company: _____ Company / Business Address: _____ Position: _____ Date Employed: _____ Phone Nos.: _____	Engaged in Trade or Business <input type="checkbox"/> Yes, Type of Business: _____ <input type="checkbox"/> No	
	Monthly Income <input type="checkbox"/> Below P25,000 <input type="checkbox"/> P50,001 to P75,000 <input type="checkbox"/> P100,001 to P125,000 <input type="checkbox"/> P25,001 to P50,000 <input type="checkbox"/> P75,001 to P100,000 <input type="checkbox"/> P125,001 and above	

For Corporate Account

Details must be consistent with Business Registration documents.

Company Name	Name of Contact Person	Position
Company Address	Mobile No.	Landline No.
Tax Identification Number (TIN)	Email Address	
SEC Registration No.	Date Established	Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other/Specify _____ <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government

For Authorized Representative

For two (2) or more Authorized Representatives, each must fill out Individual Buyer Information Sheet.

Name (Surname, First Name, Middle Name)	Mobile & Landline Nos.
Permanent Address (No., Street, Brgy., City, Country)	Email Address
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorcee	Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Other/Specify _____
	Spouse Name
Tax Identification Number (TIN)	Government Issued ID Nos./Expiry

Personal Account

Corporate Account

Documentary Requirements: <input type="checkbox"/> Tax Identification Number (TIN) <input type="checkbox"/> Two (2) Government IDs with photograph and signature of the Primary Buyer and the Spouse (if applicable) <input type="checkbox"/> Special Power of Attorney (if applicable) <input type="checkbox"/> Specimen Signature Card <input type="checkbox"/> Proof of Billing	Documentary Requirements: <input type="checkbox"/> SEC Registration <input type="checkbox"/> Specimen Signature Card <input type="checkbox"/> Articles of Incorporation & By Laws <input type="checkbox"/> Proof of Billing <input type="checkbox"/> General Information Sheet (GIS) <input type="checkbox"/> BIR Form 2303 (Certificate of Registration) <input type="checkbox"/> Business Permit <input type="checkbox"/> Secretary's Certificate <input type="checkbox"/> Two (2) Government IDs with photograph and signature of Authorized Representative
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All Transmittals shall be sent to

Permanent Address Business Address Other, Specify _____

I hereby certify that all the information stated above is true and correct and shall be the basis of the Contract to Sell, Deed of Absolute Sale, and Condominium Certificate of Title for the Unit at Hotel 101-_____.

Signature Over Printed Name / Date