



HOTEL OF ASIA INC.

Control No. _____

BUYER INFORMATION SHEET

Project Name: **Hotel 101-Davao** Unit No. _____ Parking No. _____ Principal Buyer Co-owner

For Personal Account

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	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) _____	
		Government Issued ID No./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	

Spouse Information

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	Date of Birth _____
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Other, Specify _____		Tax Identification Number (TIN) _____	
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> OFW <input type="checkbox"/> Local Employee <input type="checkbox"/> Local Entrepreneur <input type="checkbox"/> Other, Specify _____		Government Issued ID No./Expiry _____	
		Engaged in Trade or Business <input type="checkbox"/> Yes, Type of Business: _____ <input type="checkbox"/> No	
If Employed or Self-Employed: Name of Company: _____ Company / Business Address: _____ Position: _____ Date Employed: _____ Phone Nos.: _____		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

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

For Authorized Representative

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	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 _____	
Spouse Name _____		Tax Identification Number (TIN) _____	
		Government Issued ID No./Expiry _____	

Documentary Requirements

Personal Account <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	Corporate Account <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-Davao.

Signature Over Printed Name / Date