



UNIT NO: _____	PROJ. NAME: _____	Location: _____
Type of Financing:	<input type="checkbox"/> In-House	<input type="checkbox"/> Pag-IBIG
	<input type="checkbox"/> Bank	<input type="checkbox"/> Others, _____

Client Information Sheet

PERSONAL INFORMATION

FULL NAME:			Date of Birth (mm/dd/yyyy):		
Last	First	Middle	Place of Birth:		
HOME ADDRESS (No., St., City/Town, State/Prov., Country)	Postal Code	Gender <input type="checkbox"/> M <input type="checkbox"/> F	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower		Citizenship: <input type="checkbox"/> Filipino <input type="checkbox"/> American <input type="checkbox"/> Others, _____
Home No.:	Mobile No.:	Office No.:	Email Address:		
Employer's Name:	No. of Years Employed:	Monthly Income: <input type="checkbox"/> Below 10,000 <input type="checkbox"/> 30,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> Above 50,000 <input type="checkbox"/> 20,000-29,999	Position:		
Office Address:			Nature of Business:		
TAX ID NO.(TIN):	Community Tax Cert. No. _____ Date of Issue: _____ Place of Issue: _____	Passport No: _____ Date of Issue: _____ Place of Issue: _____			

Spouse Information

Spouse's Full Name (Last, First, Middle)		Office No.	Mobile No.	Email:	
Occupation:		Date of Birth:		Place of Birth:	
Employer's Name:	No. of Years Employed:	Monthly Income: <input type="checkbox"/> Below 10,000 <input type="checkbox"/> 30,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> Above 50,000 <input type="checkbox"/> 20,000-29,999		Position:	
Office Address:			Nature of Business:		
TAX ID NO.(TIN):	Community Tax Cert. No. _____ Date of Issue: _____ Place of Issue: _____	Passport No: _____ Date/Place Issued: _____			
Names of Children:	Age	COMPLETE Mailing Address: (No., Street, State/Province, Country, Postal Code)			
1. _____	_____	<small>Note: Any change of mailing address must be properly notified, in writing, to the principal office of MYVAN Properties and Dev't Corp. The Company shall be held free and harmless to the possible consequences that may arise due to buyer's non-receipt of mail.</small>			
2. _____	_____				
3. _____	_____				

OTHER BUSINESS AFFILIATIONS

BUSINESS NAME:	POSITION:
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BANK REFERENCES

BANK NAME (Branch):	CONTACT PERSON	Contact No.
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CREDIT REFERENCES

CREDIT CARD(S)	CREDIT CARD NUMBER/S	CREDIT LIMIT	EXPIRY

CHARACTER REFERENCES

NAME:	Relationship:	Address:	Contact No.
1			
2			
3			

Note: Pls. submit the following documents together with this form:

- Photocopy of BUYER'S Community Tax Certificate or Passport.
- Photocopy of BUYER'S SPOUSE'S Community Tax Certificate or Passport.
- Photocopy of BUYER'S Valid ID.
- Photocopy of BUYER'S SPOUSE'S Valid ID
- Marriage Contract / Birth Certificate
- Proof of Billing
- Special Power of Attorney, if applicable

I/We hereby certify that the information contained herein is true and correct. Should there be changes in information above.

I will be responsible to inform MYVAN Properties and Development, Inc. in writing of such changes.

Accomplished by: BUYER	Conformed by: SPOUSE	Noted by: SALES REPRESENTATIVE Alfred Solitario Mobile # +639173276415	Entered by: SALES DOCUMENTATION & CONTROL
(SIGNATURE OVER PRINTED NAME)	(SIGNATURE OVER PRINTED NAME)	(SIGNATURE OVER PRINTED NAME)	(SIGNATURE)