



Client Information Sheet

PERSONAL INFORMATION

| | | | | | |
|--------------|--|--|--|---|--|
| Name | | Gender | | Date of Birth | |
| | | M <input type="checkbox"/> F <input type="checkbox"/> | | mm/dd/yyyy | |
| Last name | | Civil Status | | Citizenship | |
| First name | | Middle name | | Specify: _____ | |
| Home Address | | Single <input type="checkbox"/> Married <input type="checkbox"/> | | Filipino <input type="checkbox"/> Other: <input type="checkbox"/> | |
| | | Separate/Divorce <input type="checkbox"/> | | | |
| | | Widow/Widower <input type="checkbox"/> | | | |
| City/Town | | State/Province | | | |
| Email: | | Postal Code: | | | |
| Mobile No/s. | | Tel.No/s. | | | |

| | | | | | |
|------------------|--|---------------------------|--|---------------------|--|
| Tax ID No. (TIN) | | Comm. Tax Cert. No. (CTC) | | Passport No.: | |
| | | CTC issued at: | | Passport Issued At: | |
| | | Date Issued: | | Date Issued: | |

Occupation

| | | | | | |
|--|--|--|--|--|--|
| Businessman/Owner/Entrepreneur <input type="checkbox"/> | | Professional:(Doctor/Lawyer/Teacher/Dentist/Engineer/Architect etc) <input type="checkbox"/> | | | |
| Medical Practitioner (Nurse/Physical Therapy) <input type="checkbox"/> | | Overseas Filipino <input type="checkbox"/> | | Retired <input type="checkbox"/> Others <input type="checkbox"/> _____ | |

MAILING ADDRESS

| | | | | | | | |
|---|--|---------------------------------|--|--------------------------------|--|-------------------------------|--|
| HOME <input type="checkbox"/> | | OFFICE <input type="checkbox"/> | | AGENT <input type="checkbox"/> | | HOLD <input type="checkbox"/> | |
| <i>(Note: If via agent, Picar Development Inc., is held free and harmless to the possible consequences that may arise due to the buyers non recipient of mail.)</i> | | | | | | | |

BUSINESS/EMPLOYMENT

| | | | | | |
|-------------------|--|--|------------|--|-----------|
| Company name: | | | Position: | | |
| Business Address: | | | Tel. No/s: | | Fax Nos.: |

OTHER BUSINESS AFFILIATIONS:

| | | | | | |
|----------------|--|--|-----------|--|--|
| Business Name: | | | Position: | | |
|----------------|--|--|-----------|--|--|

BANK REFERENCES

| | | | | | |
|------------|--|--|-----------------|--|--|
| Bank Name: | | | Contact Person: | | |
|------------|--|--|-----------------|--|--|

CREDIT REFERENCES

| Credit Card | Credit Card No. | Credit Limit | Expiry Date |
|-------------|-----------------|--------------|-------------|
| | | | |
| | | | |

OTHER INFORMATIONS:

From what source did you get the information about PICAR Development Inc.?

| | | | |
|---|---|--|---|
| Print-Ad <input type="checkbox"/> | Phil. Daily Inquirer <input type="checkbox"/> | Phil. Star <input type="checkbox"/> | Other: _____ <input type="checkbox"/> |
| Press Release: <input type="checkbox"/> | Phil. Daily Inquirer <input type="checkbox"/> | Phil. Star <input type="checkbox"/> | Other: _____ <input type="checkbox"/> |
| Internet <input type="checkbox"/> | Company Website <input type="checkbox"/> | Flyers <input type="checkbox"/> | Search Engine: _____ <input type="checkbox"/> |
| <input type="checkbox"/> | Billboards <input type="checkbox"/> | Word of Mouth <input type="checkbox"/> | Others: _____ <input type="checkbox"/> |
| Others: <input type="checkbox"/> | Referral <input type="checkbox"/> | Walk-in <input type="checkbox"/> | |
| Exhibit: <input type="checkbox"/> | Site:(where) _____ <input type="checkbox"/> | Mall: (where) _____ <input type="checkbox"/> | |

Note: Please submit the following documents with this form.

| | |
|---|---------------------------------------|
| *Photocopy of BUYERS' Community Tax Cert., or Passport | *Photocopy of Buyer's valid ID |
| *Photocopy of BUYERS' Spouse Community Tax Cert., or Passport | *Photocopy of Buyer's Spouse valid ID |

I/We hereby certify that the information contained herein is true and correct. Should there be changes in information above, I/we will be responsible for informing PDI in writing of such changes.

| | | |
|------------------------|-----------------|-------------------|
| Accomplished by: _____ | Noted by: _____ | Entered by: _____ |
|------------------------|-----------------|-------------------|

| | | |
|---|---|---|
| BUYER (signature over printed name) | PROPERTY SPECIALIST (signature over printed name) | SALES DOCUMENTATION & CONTROL (signature over printed name) |
|---|---|---|

Copies: (Yellow)Buyer , (Pink)Treasury , (Blue)Accounting , (White)Sales Documentation & Control