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| Project Name: | |
| Purchase Price: | (Php) |
| Preferred Payment Scheme and Manner of Payment: | |

| | | | | | |
|--------------|--|---|---------------------------------------|---|---|
| Type: | <input type="checkbox"/> Condominium/ Office | <input type="checkbox"/> Condominium with Assigned Parking Slot | <input type="checkbox"/> Parking Slot | <input type="checkbox"/> House and Lot/ Townhouse | <input type="checkbox"/> Lot Only/ Commercial Lot |
|--------------|--|---|---------------------------------------|---|---|

| | | | | | | | | | | |
|------------------------|-------|--|----------------|--|----------|--|----------------|--|---------------|--|
| Condominium/ Office | Tower | | Floor No. | | Unit No. | | Floor Area | | Unit Model | |
| Parking | Tower | | Unit Reference | | Slot No. | | Size (sq. m.) | | Parking Model | |
| House & Lot/ Townhouse | Phase | | Block No. | | Lot No. | | Lot/Floor Area | | House Model | |
| Lot Only/ Commercial | Phase | | Block No. | | Lot No. | | Lot Area | | | |

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| Lot Only/ Commercial | Phase | | Block No. | | Lot No. | | Lot Area | | | |

I/We signify our conformity to the foregoing and certify that all information provide above are complete, true and correct.

BUYER/S:

Signature over Printed Name
PURCHASER

 Date

Signature over Printed Name
SPOUSE/CO-OWNER

 Date

Signature over Printed Name
ATTORNEY-IN-FACT (AIF)

 Date

Witnessed By:

Signature over Printed Name
**PROPERTY SPECIALIST/
 SALES EXECUTIVE/BROKER**

 Date

 BP Number