



PRIMA VALUE COMMUNITIES INC
 Suite 104 Advent Business Center
 139 Acacia Street, Kamputhaw, Cebu City
 (+63 32) 260-7023



CEBU GRAND C CONSTRUCTION INC.

CEBU GRAND C CONSTRUCTION, INC.
 Suite 105 Advent Business Center
 139 Acacia Street, Kamputhaw, Cebu City
 (+63 32) 231-5242

BUYER INFORMATION **SPOUSE INFORMATION**

LAST NAME FIRST NAME MIDDLE LAST NAME FIRST NAME MIDDLE

NICKNAME	CONTACT NUMBERS		NICKNAME	CONTACT NUMBERS	
	MOBILE:			MOBILE:	
	LANDLINE:			LANDLINE:	
	VIBER:			VIBER:	

COMPLETE PHILIPPINES ADDRESS COMPLETE PHILIPPINES ADDRESS

EMAIL ADDRESS FACEBOOK ACCOUNT EMAIL ADDRESS FACEBOOK ACCOUNT

TIN CIVIL STATUS TIN CIVIL STATUS

GENDER AGE DATE OF BIRTH PLACE OF BIRTH GENDER AGE DATE OF BIRTH PLACE OF BIRTH

CITIZENSHIP	EDUCATIONAL ATTAINMENT			CITIZENSHIP	EDUCATIONAL ATTAINMENT		
	<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> NONE		<input type="checkbox"/> ELEMENTARY	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> NONE
	<input type="checkbox"/> HIGHSCHOOL	<input type="checkbox"/> POST GRADUATE		<input type="checkbox"/> HIGHSCHOOL	<input type="checkbox"/> POST GRADUATE		

NUMBER OF CHILDREN/DEPENDENTS: **PLS INDICATE TOP THREE(3) REASONS FOR CHOOSING DREAMHOMES:**

1)	<input type="checkbox"/> LOCATION	<input type="checkbox"/> QUALITY OF MATERIALS USED
2)	<input type="checkbox"/> DESIGN OF UNIT	<input type="checkbox"/> PRICE OF UNIT
3)	<input type="checkbox"/> SIZE OF LAYOUT/ FLOW	<input type="checkbox"/> GOOD REPUTATION OF COMPANY
4)	<input type="checkbox"/> QUALITY OF WORK	<input type="checkbox"/> GOOD AFTER SALES SUPPORT
5)	<input type="checkbox"/> FRIENDLY STAFF	<input type="checkbox"/> OTHERS _____
6)		

OCCUPATION OF BUYER			OCCUPATION OF SPOUSE		
<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> OTHERS	<input type="checkbox"/> EMF	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> OTHERS
<input type="checkbox"/> OFW	<input type="checkbox"/> CORPORATION		<input type="checkbox"/> OFW	<input type="checkbox"/> CORPORATION	

FOR EMPLOYED **FOR EMPLOYED**

COMPANY NAME: COMPANY NAME:

DESIGNATION: DESIGNATION:

CONTACT NUMBER: CONTACT NUMBER:

FOR SELF-EMPLOYED **FOR SELF-EMPLOYED**

NATURE OF BUSINESS: NATURE OF BUSINESS:

TYPE OF BUSINESS			TYPE OF BUSINESS		
<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION

ATTORNEY-IN-FACT

LAST NAME	FIRST NAME	MIDDLE NAME	CONTACT NUMBER	RELATIONSHIP TO BUYER	
COMPLETE ADDRESS			EMAIL ADDRESS	<input type="checkbox"/> SPC	<input type="checkbox"/> SIBLING
				<input type="checkbox"/> PAR	<input type="checkbox"/> OTHERS
				<input type="checkbox"/> CHILD	

MONTHLY INCOME

	BUYER	SPOUSE	TOTAL
BASIC INCOME			
ALLOWANCES/COMMISSION			
NET MONTHLY INCOME			
LIVING EXPENSES			
RENTAL			
TRANSPORTATION			
LOAN AMORTIZATION			
OTHERS			
TOTAL EXPENSES			
NET DISPOSABLE INCOME			
OTHER INCOME			

BANK INFORMATION (AT LEAST THREE ACTIVE ACCOUNTS)

1)
2)
3)

I hereby certify that the information above are true and correct

(Signature over printed name)

(Signature over printed name)

BUYER

SPOUSE