



ADUNA COMMERCIAL ESTATE CORP.

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| BUYER INFORMATION | | | | SPOUSE INFORMATION | | | |
|--|---|------------------------|--------|--|---|------------------------|--|
| NAME | | | | NAME | | | |
| FIRST | | MIDDLE | | LAST | | CIVIL STATUS | |
| ADDRESS | | CIVIL STATUS | | ADDRESS | | CIVIL STATUS | |
| EMAIL ADDRESS | | CONTACT NUMBERS | | EMAIL ADDRESS | | CONTACT NUMBERS | |
| TIN | | CTC#/DATE/PLACE ISSUED | | TIN | | CTC#/DATE/PLACE ISSUED | |
| GENDER | AGE | DATE/PLACE OF BIRTH | | GENDER | AGE | DATE/PLACE OF BIRTH | |
| CITIZENSHIP | EDUCATIONAL ATTAINMENT ELEMENTARY COLLEGE NONE HIGHSCHOOL POST GRADUATE | | | CITIZENSHIP | EDUCATIONAL ATTAINMENT ELEMENTARY COLLEGE NONE HIGHSCHOOL 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 <input type="checkbox"/> DESIGN OF UNIT <input type="checkbox"/> PRICE OF UNIT <input type="checkbox"/> SIZE OF LAYOUT/FLOOR AREA <input type="checkbox"/> GOOD REPUTATION OF COMPANY <input type="checkbox"/> QUALITY OF WORK <input type="checkbox"/> GOOD AFTER SALES SUPPORT <input type="checkbox"/> FRIENDLY STAFF <input type="checkbox"/> OTHERS _____ | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| OCCUPATION OF BUYER <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS <input type="checkbox"/> OFW <input type="checkbox"/> CORPORATION | | | | OCCUPATION OF SPOUSE <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS <input type="checkbox"/> OFW <input type="checkbox"/> CORPORATION | | | |
| FOR EMPLOYED COMPANY NAME: | | | | FOR EMPLOYED COMPANY NAME: | | | |
| DESIGNATION: | | | | DESIGNATION: | | | |
| CONTACT NUMBER: | | | | CONTACT NUMBER: | | | |
| FOR SELF-EMPLOYED NATURE OF BUSINESS: | | | | FOR SELF-EMPLOYED NATURE OF BUSINESS: | | | |
| TYPE OF BUSINESS <input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | | | TYPE OF BUSINESS <input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | | |
| ATTORNEY-IN-FACT | | | | | | | |
| NAME: | | CONTACT NUMBER: | | RELATIONSHIP TO BUYER | | | |
| ADDRESS | | CTC#/DATE/PLACE ISSUED | | <input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> PARENT <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>I hereby certify that the information above are true and correct.</i> | | | | | | | |
| _____ (Signature over printed name) BUYER | | | | _____ (Signature over printed name) SPOUSE | | | |