

Name of Buyer:			
Permanent Address:			Telephone No/s.:
Present Address:			
Preferred Mailing / Billing Address:			
Date of Birth:(mm/dd/yyyy)	Place of Birth:	E-mail Address:	Mobile Phone No/s.:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Others: _____	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
TIN:	CTC No.:	Issued on:	Issued at:

Authorized Representative:	Telephone / Mobile Phone No/s.:
Address:	
<b>*Note:</b> Please attach the appropriate written authorization (SPA for individual buyer; Secretary's Certificate/Board Resolution for corporate buyer).	

**SPOUSE INFORMATION (If Applicable)**

Name:			
Permanent Address:			Telephone No/s.:
Present Address:			
Date of Birth:(mm/dd/yyyy)	Place of Birth:	E-mail Address:	Mobile Phone No/s.:
TIN:	CTC No.:	Issued On:	Issued at:

**OCCUPATION / EMPLOYMENT / BUSINESS INFORMATION**

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____	Name of Employer / Business:		
	Nature of Job / Business:		
Office Address:			Telephone No/s:
Position/Title:	Years w/ Company:		
Spouse's Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____	Name of Employer / Business:		
	Nature of Job / Business:		
Office Address:			Telephone No/s:
Position/Title:	Years w/ Company:		

**FINANCIAL INFORMATION**

GROSS MONTHLY INCOME	BUYER	SPOUSE	TOTAL
Salaries and Allowances	_____	_____	_____
Business	_____	_____	_____
Others (Please specify)	_____	_____	_____
TOTAL MONTHLY INCOME	_____	_____	_____

**CREDIT AND BANK REFERENCES**

Bank / Financial Institution	Contact Number	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Married Buyers:**

For purposes of preparing the Contract to Sell / Deed of Absolute Sale, I/we want the document/s to be in (check box):

- My name (with marital consent)  Our names as SPOUSES

Preferred Mailing / Billing Address:  Home  Office  Others: (please specify)

I/WE HEREBY CERTIFY that the above information are true, correct, accurate and complete. I/WE also authorize PSBank to obtain information from my banks, employer and other references listed herein.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Signature Over Printed Name