

\_\_\_\_\_  
(Date)

## OFFER TO BUY

**ASSET SALES DEPARTMENT  
PHILIPPINE SAVINGS BANK**

16/F PSBank Center  
777 Paseo de Roxas cor. Sedeño St., Makati City, 1226  
☎ (632) 8885-8335

Sir/Madam :

I/We offer to buy your property as follows:

Subject Property (the "Property")	[ ] Residential [ ] Commercial/Industrial [ ] Agricultural			
	Description: [ ] House & Lot [ ] Condominium [ ] Vacant Lot			
	Location:			
Offer Price	Philippine Pesos		PhP	
Manner of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Home Loan: <input type="checkbox"/> via PSBank Home Loan, ____ years to pay <input type="checkbox"/> Other Bank/Financial Institution			

subject to the following terms:

1. My/Our Offer (the "Offer") is on AS IS WHERE IS" basis;
2. The Offer is subject to the discretion of PSBank. If the Offer is rejected, PSBank is not obligated to disclose its reason;
3. The sale of the Property is subject to the terms and conditions of the Notice of Approval of the Offer (NOA) and Deed of Sale which PSBank shall issue on the Property;
4. Within five (5) banking days from receipt of NOA, I/we shall pay in full the purchase price [if cash payment] / required downpayment [if via home loan], as well as the documentary stamp tax, fees, and/or charges for the transfer of title on the Property, as may be indicated in the NOA. By paying them in full, it is understood that I have agreed and expressed my conformity to the terms and conditions of the NOA. I further undertake to submit to PSBank the NOA, with my/our conformity thereon, via email, mail, or personal delivery.
5. Without need of prior notice, PSBank has the right to withdraw its approval of the Offer in case of my/our non-compliance with the terms therein, and to offer the Property to other prospective buyers.
6. PSBank sells only whatever rights, interests and participation it has acquired on the Property, and I/we are charged with full knowledge of the nature and extent of said rights, interests and participation.
7. I/We inspected and conducted the required diligence on the Property, and I/we have ascertained and accepted its status and condition, without solely relying on any representation by PSBank on the Property.
8. In submitting this Offer, I/we authorize PSBank to receive, use, process, store, make profile, or share to any of its affiliates and/or subsidiaries within the Metrobank Group, any third party, agent or service provider who provides related services to PSBank, and any government agency/regulatory body/branch, which in turn is/are authorized to receive, the Information provided herein, without prior notice: (a) in order to facilitate and/or consummate the transaction herein; (b) for the protection of either party against fraud; (c) in the validation, verification, or updating of the Information; (d) in order for PSBank to enforce its rights or perform its obligations by reason of any law or regulation, contract, or order from any court or quasi-judicial and administrative offices; and (e) in the prosecution or defense of PSBank or its directors/officers/employees with regards to disputes or claims pertaining to the transaction herein; (f) in order for PSBank or its affiliates and/or subsidiaries within the Metrobank Group to offer or provide its other products and services. By giving the foregoing authorities and in order for PSBank to fully exercise the same, I/we hereby waive any related right accorded me under Republic Act No. 10173 (Data Privacy Act of 2012) or applicable laws.

Thank you.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Name)

Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 TIN : \_\_\_\_\_

REFERROR'S/BROKER'S INFORMATION (if any):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Branch: \_\_\_\_\_ REBL No. \_\_\_\_\_  
 Mobile No. \_\_\_\_\_ Residential/Office No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_ TIN No. \_\_\_\_\_

www.psbank.com.ph | Customer Experience Hotline: (02) 8845-8888  
 PSBank LiveChat via www.psbank.com.ph | Visit your nearest PSBank branch



## BUYER'S INFORMATION SHEET

ASSET SALES DEPARTMENT

Name of Buyer:			
Permanent Address:			Telephone No/s:
Present Address:			
Preferred Mailing / Billing Address:			
Date of Birth:(mm/dd/yy)	Place of Birth:	Email 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> Pls. attach the appropriate written authorization (SPA for individual buyer; Secretary's Certificate/Board Resolution for corporate buyer).			
<b>SPOUSE INFORMATION (If Applicable)</b>			
Name:			
Permanent Address:			Telephone No/s:
Present Address:			Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Others
Date of Birth:(mm/day/year)	Place of Birth:	E-mail Address:	Mobile Phone No/s:
TIN	CTC No.:	Issued On:	Issued at:
<b>OCCUPATION / EMPLOYMENT / BUSINESS INFORMATION</b>			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Others:		Name of Employer / Business:	
Office Address:		Nature of Work / Business:	
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:	
Office Address:		Nature of Work / Business:	
Position/Title:		Years w/ Company:	
Source of Funds:		Purpose:	
<b>FINANCIAL INFORMATION</b>			
<b>GROSS MONTHLY INCOME</b>	BUYER	SPOUSE	TOTAL
<b>Source of Funds</b>			
Salaries and Allowances	_____	_____	_____
Business	_____	_____	_____
Others (Pls. Specify)	_____	_____	_____
TOTAL MONTHLY INCOME	=====	=====	=====
<b>CREDIT AND BANK REFERENCES</b>			
Bank / Financial Institution	Contact Number	Type of Account	
_____	_____	_____	
_____	_____	_____	
<b>For Married Buyers:</b>			
For purposes of preparing the Contract to Sell / Deed of Absolute Sale, I/we want the document/s to be in (check box):			
<input type="checkbox"/> My name (with marital consent)		<input type="checkbox"/> Our names as SPOUSES	
<b>Preferred Mailing / Billing Address:</b> <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others: (pls. specify)			
Do you or your spouse have a relative (up to 2nd degree i.e. children, parents/parents-in-law, children-in-law, brothers/sisters, brothers/sisters-in-law) working at PSBank or in any entity under Metrobank Group/GT Capital Holdings, Inc./First Metro Investment Corp. (FAMI) Group? Yes ( ) No ( )			
If yes, Name _____		Relationship _____	

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. Filling out of this information and affixing my/our signature herein constitute my/our written and formal consent as required by Republic Act 10173 and a waiver of my/our rights accorded to in the said law.

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

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