



# JOHNDORF®

## BUYER'S INFORMATION SHEET

CONTROL NO.:

### PROJECT DETAILS AND FINANCING SCHEME

|                        |                     |   |
|------------------------|---------------------|---|
| Project Name*          |                     | Financing Scheme<br><input type="checkbox"/> Bank<br><input type="checkbox"/> Pag-IBIG/HDMF<br><input type="checkbox"/> Spot Cash |
| Block No. / Floor No.* | Lot No. / Unit No.* |   |

### PERSONAL INFORMATION

|  |   |                |
|--|---|----------------|
| Complete Name*<br>(Last Name) (First Name) (Middle Name)                 |   |                |
| Gender*<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Civil Status*<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow |                |
| Citizenship*   | Religion*   |                |
| Telephone No.*   | E-mail Address*   |                |
| Mobile No. (Line 1)*   | Facebook Account*   |                |
| Mobile No. (Line 2)  | Facebook Messenger*   |                |
| Date of Birth: (MM/DD/YY)*   | Age*  | Viber Account* |
| SSS No./ GSIS No.*   |   | TIN Number*    |

|  |          |             |       |                   |          |          |         |
|--|----------|-------------|-------|-------------------|----------|----------|---------|
| Current Residential Address*   | Unit No. | Street Name | Brgy. | City/Municipality | Province | Zip Code | Country |
| Provincial Address*  | Unit No. | Street Name | Brgy. | City/Municipality | Province | Zip Code | Country |
| Current Home Ownership<br><input type="checkbox"/> Own <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Rent, _____ (Monthly Rent) <input type="checkbox"/> Others: _____ |          |             |       |                   |          |          |         |

### WORK INFORMATION (EMPLOYED AND SELF-EMPLOYED)

|   |   |                  |                                  |                   |          |         |
|---|---|------------------|----------------------------------|-------------------|----------|---------|
| Name of Employer/Business*  |   | Occupation*      |                                  |                   |          |         |
| Work Industry/ Nature of Business*  | Employment Status*  |                  |                                  |                   |          |         |
| Length of Service/Business (No. of Months/Years)*   | A. <input type="checkbox"/> Employed<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Project-Base<br><input type="checkbox"/> Contractual <input type="checkbox"/> Regular/Full-Time |                  |                                  |                   |          |         |
| Office Phone Number*  | B. <input type="checkbox"/> Self-Employed   |                  |                                  |                   |          |         |
| Company/ Business Address*  | Unit No./Floor No.  | Name of Building | Street Name                      | City/Municipality | Zip Code | Country |
| Company/ Business E-mail Address*   |   |                  |                                  |                   |          |         |
| Do you have other Source of Income/ Business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                  | Average Monthly Income (Php)*    |                   |          |         |
| If Yes, Nature of Other Business  |   |                  | No. of Months/Years of Business* |                   |          |         |

### SPOUSE'S PERSONAL INFORMATION

|  |   |                |       |                   |          |          |         |
|--|---|----------------|-------|-------------------|----------|----------|---------|
| Complete Name*<br>(Last Name) (First Name) (Middle Name)                 |   |                |       |                   |          |          |         |
| Gender*<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Civil Status*<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow |                |       |                   |          |          |         |
| Citizenship  | Religion*   |                |       |                   |          |          |         |
| Telephone No.*   | E-mail Address*   |                |       |                   |          |          |         |
| Mobile No. (Line 1)*   | Facebook Account*   |                |       |                   |          |          |         |
| Mobile No. (Line 2)  | Facebook Messenger*   |                |       |                   |          |          |         |
| Date of Birth: (MM/DD/YY)*   | Age*  | Viber Account* |       |                   |          |          |         |
| SSS No./ GSIS No.*   |   | TIN Number*    |       |                   |          |          |         |
| Current Residential Address*   | Unit No.  | Street Name    | Brgy. | City/Municipality | Province | Zip Code | Country |
| Provincial Address*  | Unit No.  | Street Name    | Brgy. | City/Municipality | Province | Zip Code | Country |

### OTHER INFORMATION

|                                     |   |
|-------------------------------------|---|
| Reasons for Buying a Johndorf Unit* | <input type="checkbox"/> First Home <input type="checkbox"/> Vacation <input type="checkbox"/> Investment <input type="checkbox"/> Retirement   |
| Gross Monthly Household income*     | <input type="checkbox"/> 50,000 – below <input type="checkbox"/> 50,001 – 80,000 <input type="checkbox"/> 80,001-120,000<br><input type="checkbox"/> 120,001-150,000 <input type="checkbox"/> 150,001-above |
| How did you learn about Johndorf?*  | <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Referral <input type="checkbox"/> Broker/Agents                            |





# JOHNDORF®

## BUYER'S INFORMATION SHEET

CONTROL NO.:

| ATTORNEY-IN-FACT INFORMATION   |  |  |  |  |   |   |  |  |  |
|--|--|--|--|--|---|---|--|--|--|
| <b>Complete Name*</b> (Last Name) (First Name) (Middle Name)   |  |  |  |  |   |   |  |  |  |
| <b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |  | <b>Civil Status*</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow |  |   |   |  |  |  |
| <b>Citizenship*</b>  |  |  | <b>Religion*</b>   |  |   |   |  |  |  |
| <b>Telephone No. *</b>   |  |  |  | <b>E-mail Address*</b>   |   |   |  |  |  |
| <b>Mobile No. (Line 1) *</b>   |  |  |  | <b>Facebook Account*</b>   |   |   |  |  |  |
| <b>Mobile No. (Line 2)</b>   |  |  |  | <b>Facebook Messenger*</b>   |   |   |  |  |  |
| <b>Date of Birth: (MM/DD/YY) *</b>   |  |  | <b>Age*</b>  |  | <b>Viber Account*</b>                   |   |  |  |  |
| <b>SSS No./ GSIS No. *</b>   |  |  |  | <b>TIN Number*</b>   |   |   |  |  |  |
| <b>Current Residential Address*</b> Unit No. Street Name Brgy. City/Municipality Province Zip Code Country                       |  |  |  |  |   |   |  |  |  |
| <b>Provincial Address*</b> Unit No. Street Name Brgy. City/Municipality Province Zip Code Country                                |  |  |  |  |   |   |  |  |  |
| CO-BORROWER'S INFORMATION  |  |  |  |  |   |   |  |  |  |
| <b>Complete Name*</b> (Last Name) (First Name) (Middle Name)   |  |  |  |  |   |   |  |  |  |
| <b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |  | <b>Civil Status*</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow |  |   |   |  |  |  |
| <b>Citizenship*</b>  |  |  | <b>Religion*</b>   |  |   |   |  |  |  |
| <b>Telephone No.: *</b>  |  |  |  | <b>E-mail Address*</b>   |   |   |  |  |  |
| <b>Mobile No. (Line 1): *</b>  |  |  |  | <b>Facebook Account*</b>   |   |   |  |  |  |
| <b>Mobile No. (Line 2):</b>  |  |  |  | <b>Facebook Messenger*</b>   |   |   |  |  |  |
| <b>Date of Birth: (MM/DD/YY) *</b>   |  |  |  | <b>Viber Account*</b>  |   |   |  |  |  |
| <b>SSS No./ GSIS No. *</b>   |  |  |  | <b>TIN Number*</b>   |   |   |  |  |  |
| <b>Current Residential Address*</b> Unit No. Street Name Brgy. City/Municipality Province Zip Code Country                       |  |  |  |  |   |   |  |  |  |
| <b>Provincial Address*</b> Unit No. Street Name Brgy. City/Municipality Province Zip Code Country                                |  |  |  |  |   |   |  |  |  |
| CO-BORROWER'S WORK INFORMATION   |  |  |  |  |   |   |  |  |  |
| <b>Name of Employer*</b>   |  |  |  |  | <b>Occupation*</b>                      |   |  |  |  |
| <b>Work Industry*</b>  |  |  |  | <b>Civil Status*</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow |   |   |  |  |  |
| <b>Length of Service (No. of Months/Years)*</b>  |  |  |  |  |   |   |  |  |  |
| <b>Telephone No. *</b>   |  |  |  |  |   |   |  |  |  |
| <b>Company Address*</b> Unit No./Floor No. Name of Building Street Name Brgy. City/Municipality Province Zip Code Country        |  |  |  |  |   |   |  |  |  |
| <b>Company E-mail Address*</b>   |  |  |  |  |   |   |  |  |  |
| <b>Do you have other Source of Income/ Business?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  |  |  | <b>Average Monthly Income (Php) *</b>   |   |  |  |  |
| <b>If Yes, Nature of Other Income / Business*</b>  |  |  |  |  | <b>No. of Months/Years of Business*</b> |   |  |  |  |
| <input type="checkbox"/> I hereby certify that the above information is true and correct to the best of my knowledge and belief. |  |  |  |  |   |   |  |  |  |
| Conforme   |  |  |  |  |   |   |  |  |  |
|  | Signature over Printed Name of Buyer               |  |  |  | Date                                    | GENIE MAE LORENA L. EDERA<br>Signature over Printed Name of Agent |  |  |  |
|  |  |  |  |  | Validated by:                           |   |  |  |  |
|  | Signature over Printed Name of Spouse/ Co-Borrower |  |  |  | Date                                    | Johndorf Ventures Corporation<br>Sales Representative             |  |  |  |

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Thank you for your interest in buying a house in Johndorf!