

## JENSON LAND AND REALTY DEVELOPMENT CORPORATION JENSON Bldg., Don Julian A. Rodriguez Sr. Avenue, Ma-a, Davao City

## **BUYER'S INFORMATION SHEET**

[ This portion is to be filled out by JLRDC Personnel only: ]						
PROJECT	HOUSE MODEL			DATE RESERVED		
BLOCK #		LOT AREA (sqm.)		TOTAL CONTRACT PRICE		
LOT#		FLOOR AREA (sqm.)		AR/PR/OR # of Reservation		
PERSONAL INFORMATION						
BUYER /CLIENT'S NAME :						
-	(Last Name	)	(First Name) (N	liddle Name) (N	Nother's Maiden Name)	
PRESENT HOME ADDRESS	(No. Building N	ame) (Street)	(Brgy/Subdivi			
	(City/Provinc	re)	(Zip code)	LENGTH OF STAY :	_	
BIRTH DATE (mm-dd-yy)	:		:	AGE :		
TIN NO.	:					
SSS NO.	: HDMF NO. : MOBILE/TEL. NO. :					
RESIDENCE OWNERSHIP	: Owned	GENDER	: Male	<del></del>	lipino	
	Living with Relatives Female Others  Rent/Board (Monthly Rental)				tners	
CIVIL STATUS	: Single	RELIGION		NO. OF N	one	
CIVILSTATOS	Married	RELIGION	Muslim/Islam	:==	thers	
	Others		Others		thers	
NAME OF DE	NAME OF DEPENDENTS AGE BIRTHDATE SCHOOL / EMPLOYER / BUSINESS					
1)						
2)						
3)						
EMPLOYMENT INFORMATION						
COMPANY NAME (If employed)	:			LENGTH OF SERVICE :		
POSITION/LEVEL	: Rank and File/ S		Manager/ Director	<del></del>	xecutive Officer	
	Supervisor/ Tea	n Leader	Professional ( Doctor, L	awyer, Engineer, Architect & etc.)		
EMPLOYER'S NATURE OF BUSINESS	:			EMAIL - ADDRESS : OFFICE CONTACT NO. :	_	
EMPLOYMENT STATUS	: Locally Employed	OFW	Tenureship Status	_	/ SALARY INCOME (Gross)	
	Private	Land based	Regular	Contractual [Php]	(0.000)	
	Government	Sea based	Casual	Project based		
BUSINESS NAME (If self-employed)	:			BUSINESS CONTACT NO. :		
BUSINESS	:			AVERAGE	MONTHLY INCOME (Gross)	
NATURE OF BUSINESS	:			[Php]		
SPOUSE / CO-BORROWER'S INFORMATION						
SPOUSE/CO-BORROWER'S NAME						
SPOUSE/CO-BORROWER S NAIVIE	(Last Name	)	(First Name) (N	liddle Name) (N	Nother's Maiden Name)	
PRESENT HOME ADDRESS	: (No. Building N	ame) (Street)	(Brgy/Subdivi	sion) (District/Mu	unicinality)	
				LENGTH OF STAY :	теритсу	
BIRTH DATE (mm-dd-yy)	(City/Province	e) BIRTHPLACE	(Zip code)	AGE :	_	
EMAIL - ADDRESS	·	TIN NO.	·	GSIS NO. :		
MOBILE / TEL. NO.	:	SSS NO.	:	HDMF NO. :		
CIVIL STATUS	: Single	RELIGION	: Roman Catholic	GENDER : N	lale	
	Married		Muslim/Islam	Fe	emale	
	Others		Others			
COMPANY NAME (If employed)	:			LENGTH OF SERVICE :		
POSITION/LEVEL	: Rank and File/ S	•	Manager/ Director	<u> </u>	Executive Officer	
	Supervisor/ Tea	n Leader	Professional ( Doctor, L	awyer, Engineer, Architect & etc.)		
ADDRESS	·			EMAIL - ADDRESS :		
NATURE OF BUSINESS  ATTORNEY-IN-FACT INFO	:			OFFICE CONTACT NO. :		
ATTOMINET THE INCI TINFO	WINI IVIN					
SPOUSE/CO-BORROWER'S NAME		N	(First Nama)	tiddle Name) '-	Anthor's Maidon Marra	
PRESENT HOME ADDRESS	(Last Name	,			Aother's Maiden Name)	
	(No. Building N	ame) (Street)	(Brgy/Subdivi			
	(City/Province		(Zip code)		-	
BIRTH DATE (mm-dd-yy)	:		:			
EMAIL - ADDRESS	:	MOBILE NO.		TEL. NO. :		
CIVIL STATUS	Single	RELIGION		<del></del>	lale	
	Married Others		Muslim/Islam Others	F€	emale	
			<u> </u>			
I/We certify that all information furnished herein are true and correct. I/We fully understand that any misrepresentation or failure to indisclose on my/our part as required herein may cause the disapproval of my/out procurement or the cancellation of purchase if any.						
Certified Complete:						
		_			<del></del> _	
Client's Name and Signature	Date	Spouse/ Co-bo	orrower's Name and Signature	Date	JLRDC Authorized Personnel	