Form No. F/R-PX2000-160								
Unit Owner Unit Owner's Authorized Representative Tenant / Lessee								
Please accomplish this form completely and le Building / Village		ny alterations, please inscr ock & Lot No. Parking		e on the alte		TENANTS	S / LESSEES	
Name of Registered Owner					Leasing Represente	1	Lease Contract Ter	rm
INDIVIDUAL								
Last Name First Name					Middle N	Name		
Residence Address Telephone Number	Mobile Number			Email addr				
· · · · · · · · · · · · · · · · · · ·	Gender			Civil Status	633			
Age	Male	Female			Single Married		Divorced Wido	wed
Citizenship	Valid Government- (submit photocopy of		sport is require	d for foreig	ners) / Date & Place Iss	sued		
Occupation	Office/Business Add	dress	Office/Business Phone Number Office/Business Email Address					
SPOUSE'S INFORMATION (if applicable) ast Name First Name				Middle Name				
Residence Address								
Telephone Number	Mobile Number			Email addr	ess			
Citizenship	Valid Government- (submit photocopy of		sport is require	d for foreig	ners) / Date & Place Iss	sued		
Occupation	Office/Business Add	dress		Office/Busi	ness Phone Number	Office/	'Business Email Address	;
AUTHORIZED REPRESENTATIVE (if c Last Name	applicable; notarize	ed Special Power of First Name	Attorney is r	equired)	Middle N	Name		
Relationship with Unit Owner	Contact Number		Other Instruc	tions				
CORPORATE Company Name (as registered)					Nature c	of Busines	s	
Office Address								
Telephone Number	Mobile Number			Email addr	ess			
Name of Company's Authorized Repres	sentative (notarized S	ecretary's Certificate is	required)		Position			
ADDRESS FOR CORRESPONDENCE	S							
FOR DOCUMENTS:	Unit/Slip throug	h door			dence address	Unit	/Slip through door	
Mail to office address				Mail to offic		2	ilbox	
Personal Email     Office/Business Email	Others (please			Personal Er Office/Busi			ers (please specify):	
PAYMENT OF CHARGES (please inc		the charges)	OTHER SPE	CIAL INST	RUCTIONS			
Association Dues Parking Dues		Tenant	_					
Water	Unit Owner	Tenant Tenant	_					
Electricity	Unit Owner	Tenant						
Telephone/Internet/Cable	Unit Owner	Tenant						
Name(s) of other occupants of the u (Use additional	unit (co-residents, office sheets if necessary)	e employees, etc.)		Age			elationship / on (if employees)	
1.								
2.								
4.								
5.								
Name(s) of Do	mestic Employee(s)			Function		YES	STAY IN? NO	
1.								
2.								
Contact Person(s) in case of emergency				Relationshij	0	Co	ntact Number	
2.								
By signing this Resident Information Sheet, I hereby consent to the collection and processing of my personal data and other individuals identified herein, in accordance with such Privacy Policy as may be adopted by and the Data Privacy Act of 2012. I further agree to be contacted by the representatives of regarding any matter relating to my residence in the condominium as well as on latest developments in I signify my conformity to the foregoing and certify that all information provided above are true and correct.								
						_		
*Signature will serve as specimen signature f	Signature Over Print for gate pass, work permi		r correspondenc	es / requests.	Date			