

RESIDENT INFORMATION SHEET

Lot Owner Lot Owner's Authorized Representative Tenant / Lessee

Please accomplish this form completely and legibly. Should there be any alterations, please inscribe your signature on the altered portions.

<input checked="" type="checkbox"/> Block No.	<input checked="" type="checkbox"/> Lot No.	<input checked="" type="checkbox"/> Phase	FOR TENANTS / LESSEES	
			Leasing Representative	Lease Contract Term
Name of Registered Owner				

INDIVIDUAL

<input checked="" type="checkbox"/> Last Name	<input checked="" type="checkbox"/> First Name	<input checked="" type="checkbox"/> Middle Name
<input checked="" type="checkbox"/> Residence Address		
<input checked="" type="checkbox"/> Telephone Number	<input checked="" type="checkbox"/> Mobile Number	<input checked="" type="checkbox"/> Email address
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Citizenship	Valid Government-issued ID Number (Passport is required for foreigners) / Date & Place Issued <i>(submit photocopy of ID)</i>	
Occupation	Office/Business Address	Office/Business Phone Number Office/Business Email Address

SPOUSE'S INFORMATION (if applicable)

<input checked="" type="checkbox"/> Last Name	<input type="checkbox"/> First Name	<input type="checkbox"/> Middle Name
<input type="checkbox"/> Residence Address		
<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Mobile Number	<input type="checkbox"/> Email address
Citizenship	Valid Government-issued ID Number (Passport is required for foreigners) / Date & Place Issued <i>(submit photocopy of ID)</i>	
Occupation	Office/Business Address	Office/Business Phone Number Office/Business Email Address

AUTHORIZED REPRESENTATIVE (if applicable; notarized Special Power of Attorney is required)

<input type="checkbox"/> Last Name	<input type="checkbox"/> First Name	<input type="checkbox"/> Middle Name
Relationship with Lot Owner	Contact Number	Other Instructions

CORPORATE

Company Name (as registered)	Nature of Business
<input type="checkbox"/> Office Address	
<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Mobile Number <input type="checkbox"/> Email address
Name of Company's Authorized Representative (notarized Secretary's Certificate is required)	
	Position

ADDRESS FOR CORRESPONDENCES

FOR DOCUMENTS:	FOR STATEMENT OF ACCOUNT:
<input type="checkbox"/> Mail to residence address <input type="checkbox"/> Unit/Slip through door	<input type="checkbox"/> Mail to residence address <input type="checkbox"/> Unit/Slip through door
<input type="checkbox"/> Mail to office address <input type="checkbox"/> Mailbox	<input type="checkbox"/> Mail to office address <input type="checkbox"/> Mailbox
<input type="checkbox"/> Personal Email <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Personal Email <input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Office/Business Email	<input type="checkbox"/> Office/Business Email

PAYMENT OF CHARGES (please indicate who will settle the charges)

Association Dues	<input type="checkbox"/> Lot Owner <input type="checkbox"/> Tenant
Water	<input type="checkbox"/> Lot Owner <input type="checkbox"/> Tenant
Electricity	<input type="checkbox"/> Lot Owner <input type="checkbox"/> Tenant
Telephone/Internet/Cable	<input type="checkbox"/> Lot Owner <input type="checkbox"/> Tenant

OTHER SPECIAL INSTRUCTIONS

Name(s) of other occupants of the unit (co-residents) <i>(Use additional sheets if necessary)</i>	Age	Relationship
1.		
2.		
3.		
4.		
5.		

Name(s) of Domestic Employee(s)	Function	STAY IN?	
		YES	NO
1.			
2.			
3.			

Contact Person(s) in case of emergency	Relationship	Contact Number
1.		
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 The Enclave Alabang and the Data Privacy Act of 2012. I further agree to be contacted by the representatives of The Enclave Alabang regarding any matter relating to my residence in the subdivision as well as on latest developments in The Enclave Alabang. I signify my conformity to the foregoing and certify that all information provided above are true and correct.

_____ Signature Over Printed Name* _____ Date

*Signature will serve as specimen signature for gate pass, work permits, authorizations and other correspondences / requests.