



LESSEE INFORMATION SHEET

Please PRINT clearly and use Black ink.		PROPERTY INFORMATION <small>(To be filled-out by Lessor)</small>					
<input type="checkbox"/> Condominium Unit Residential <input type="checkbox"/> Parking Slot	Project:	Building:	Floor:	Unit No.:	Floor Area:	Type:	Parking Slot No.
I/We the undersigned lessee, hereby apply to lease the property described above which is subject to the conditions stated herein and hereby propose to pay its Monthly Rental Rate and related charges Price under the following terms and conditions including the non-transferability & non-refundability of the Advance Rent							
LESSEE'S INFORMATION <small>(To be filled-out by Lessee)</small>							
In connection with my/our lease of the Property, I/We would like the lease to be registered as follows: <input type="checkbox"/> Solely in my name <input type="checkbox"/> In the name/s of _____ <input type="checkbox"/> In both our names as spouses						How did you learn about the Project? <input type="checkbox"/> Ads/Billboard <input type="checkbox"/> Exhibit/Booths <input type="checkbox"/> Others <input type="checkbox"/> Showroom <input type="checkbox"/> Referral	
INDIVIDUAL LESSEE							
Please indicate the Full Name to appear in the contracts.	Full Name <small>(Last Name, First Name, Middle Initial):</small>						
	Birthdate <small>(mm/dd/yy):</small>	Age:	Citizenship:	Civil Status:	Gender:		
	Permanent Home Address <small>(No., Street, City, Municipality, Province):</small>				Home Phone:		
	Mailing Address <small>(No., Street, City, Municipality, Province):</small>				Cellphone:		
Please attach photocopy.	Passport No./Any Government issued valid ID:			Place & Date of Issue:		TIN No.:	
	Occupation: <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		Employment Type: <input type="checkbox"/> Local <input type="checkbox"/> OFW Country _____				
	Company Name:			Company Address <small>(No., Street, City, Municipality, Province):</small>			
	Zip Code:	Position:	Employment Status: <input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual		Business Phone: Email Address:		
CO-LESSEE/SPOUSE <small>(If Lessee has both a Co-lessee & Spouse, please fill-out another set of RF for the Co-lessee's/Spouse's Personal Information only).</small>							
Please indicate the Full Name to appear in the contracts.	Full Name <small>(Last Name, First Name, Middle Initial):</small>						
	Birthdate <small>(mm/dd/yy):</small>	Age:	Citizenship:	Civil Status:	Gender:		
	Permanent Home Address <small>(No., Street, City, Municipality, Province):</small>				Home Phone:		
	Mailing Address <small>(No., Street, City, Municipality, Province):</small>				Cellphone:		
Please attach photocopy.	Passport No./Any Government issued valid ID:			Place & Date of Issue:		TIN No.:	
	Occupation: <input type="checkbox"/> Self-employed <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		Employment Type: <input type="checkbox"/> Local <input type="checkbox"/> OFW Country _____				
	Company Name:			Company Address <small>(No., Street, City, Municipality, Province):</small>			
	Zip Code:	Position:	Employment Status: <input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual		Business Phone: Email Address:		
LESSEE'S REPRESENTATIVE <small>(To be filled-out by Lessee's Representative)</small>							
For individual lessee, please submit a Special Power of Attorney if transactions are done through an appointed representative.	Full Name <small>(Last Name, First Name, Middle Initial):</small>						
	Birthdate <small>(mm/dd/yy):</small>	Age:	Citizenship:	Civil Status:	Gender:		
Please attach photocopy.	Passport No./Any Government issued valid ID:			Place & Date of Issue:		Relation to Buyer:	
	Office No.:	Cellphone No.:	Address:				
CORPORATE LESSEE <small>(To be filled-out by Corporate Representative)</small>							
Please indicate the Complete Name to appear in the contracts.	Corporate Name:						
	Nature of Business:			Corporate TIN:			
Please attach photocopy.	Community Tax Certificate No.:			Place & Date of Issue:			
Please attach Secretary's Certificate authorizing the purchase of the property and appointing the duly authorized representative.	Name of Representative:				Gender:		
	Position:			Address:			
Please attach photocopy.	Passport No./Any Government issued valid ID:			Place & Date of Issue:			
CERTIFICATION							
I/We, the undersigned LESSEE/S, certify that I/We have read and fully understand the provisions/contents of this Reservation and shall abide by the conditions herein set forth. I/We, the undersigned LESSEE/S, supplied all the buyer's information and particulars in this form and attest to their completeness, correctness and accuracy.							
Lessee or Authorized Representative <small>(Signature over Printed Name)</small>	Lessee's Spouse or Authorized Representative <small>(Signature over Printed Name)</small>	Co-Lessee or Authorized Representative <small>(Signature over Printed Name)</small>	SMDC/SM Synergy Leasing Manager/ Director <small>(Signature over Printed Name)</small>				
Date:	Date:	Date:	Date:				