

Broker/Referror's Name	Company/Department	Date Received	Sales Log No.
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### DESCRIPTION OF THE PROPERTY TO BE PURCHASED

Note: Purchase of properties is on As-Is basis.

Location	TCT No.
	Area

### MANNER OF PAYMENT

I/We hereby offer to buy the property described above under the following terms and conditions:

CASH	INSTALLMENT
OFFER PRICE  Php _____  <small>Note. Amount shall be due upon notification of offer's approval.</small>	OFFER PRICE Php _____ DOWN PAYMENT Balance Php _____ Balance payable in _____ years. Interest Rate _____%.

**NOTE:**

1. Only payments in cleared funds duly received by China Bank Savings are valid.
2. Sale shall be subject to the terms and conditions specified by the bank in the Deed of Absolute Sale/Deed of Conditional Sale.

### OFFEROR'S INFORMATION

Full Name (Last Name, First Name, Middle Name)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
TIN	Date of Birth	Age	Landline No.	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Annulled	
GSIS / SSS No.	Place of Birth		Mobile No.	<input type="checkbox"/> Widow/er <input type="checkbox"/> Separated	
E-mail Address		Citizenship		If Non-Filipino, ACR No.	No. of Dependents
Residential Address (No. / Street / Brgy. / District / Town / City / Province)				Zip Code	Yrs. in Residential Address
Home Ownership				No. of Cars	
Previous Address (No. / Street / Brgy. / District / Town / City / Province)				Zip Code	Yrs. in Previous Address
Provincial Address (No. / Street / Brgy. / District / Town / City / Province)				Zip Code	
Educational Attainment <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____		Course		School	
Employer (or Name of Business, if self-employed)				Landline No.	
Office Address			Zip Code	Length of Service/ Yrs. in Business	
			Position		
<b>Nature of Business</b> <input type="checkbox"/> Agriculture, Hunting & Forestry (11000) <input type="checkbox"/> Construction (26000) <input type="checkbox"/> Hotels & Restaurants, Public Administration & Defense (42000) <input type="checkbox"/> Fishing (14000) <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles and Personal & Household Goods (30000) <input type="checkbox"/> Social Security (45000) <input type="checkbox"/> Extra-Territorial Organizations & Bodies (60000) <input type="checkbox"/> Mining and Quarrying (17000) <input type="checkbox"/> Transport, Storage and Communications (33000) <input type="checkbox"/> Education (48000) <input type="checkbox"/> Private Household w/ Employed Persons (99999) <input type="checkbox"/> Manufacturing (20000) <input type="checkbox"/> Financial Intermediation (36000) <input type="checkbox"/> Health and Social Work (51000) <input type="checkbox"/> Electricity, Gas and Water (23000) <input type="checkbox"/> Real Estate, Renting and Business Activities (39000) <input type="checkbox"/> Other Community, Social & Personal Services (54000)					

Please state your relative's name and relation if YES.

	Name and Position	Relation
Do you have relatives working in China Bank Savings or CBS Affiliates? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have relatives who hold senior office in the government, judicial, police, military, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### SPOUSE'S INFORMATION

Full Name (Last Name, First Name, Middle Name)		Date of Birth	No. of Dependents
E-mail Address		TIN	Citizenship
Mobile No.	Landline No.	GSIS / SSS No.	If Non-Filipino, ACR No.
Educational Attainment <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____		Course	School
Employer (or Name of Business, if self-employed)			
Office Address		Zip Code	Landline No.
Nature of Business (Pls. see above for selection)		Position	Length of Service/Yrs. in Business

**ASSETS AND LIABILITIES**

**MONTHLY INCOME/EXPENSES**

ASSETS		INCOME	BORROWER	SPOUSE	TOTAL
Cash on Hand/In Bank	P	Salaries/Allowances	_____	_____	_____
Stocks and Bonds	_____	Commissions	_____	_____	_____
Motor Vehicles Owned	_____	Professional Fees	_____	_____	_____
Stocks and Bonds	_____	Other Income	_____	_____	_____
Others, pls. specify: _____	_____	<b>TOTAL INCOME</b>	_____	_____	_____
<b>TOTAL ASSETS</b>	_____	EXPENSES	_____	_____	_____
LIABILITIES		Living Expenses	_____	_____	_____
Clean Loans	_____	Education and Medical	_____	_____	_____
Secured Loans	_____	Transportation/Gas	_____	_____	_____
<b>TOTAL LIABILITIES</b>	_____	Rental	_____	_____	_____
<b>NET WORTH</b>	P	Amortization	_____	_____	_____
		Miscellaneous	_____	_____	_____
		Credit Cards	_____	_____	_____
		<b>TOTAL EXPENSES</b>	_____	_____	_____
		<b>NET INCOME</b>	_____	_____	_____

**REFERENCES**

A. BORROWING ACCOUNTS (Loans/Lines) Use separate sheet, if necessary

BANK/COMPANIES/OTHERS	TYPE	AMOUNT	SECURITY	DATE GRANTED	MATURITY DATE	OUTSTANDING BALANCE

B. NON-BORROWING ACCOUNTS (Deposit, Money Market Placements, etc.)

BANK/INVESTMENT CO./OTHERS	ADDRESS	TYPE OF ACCOUNT	ACCT. NUMBER	DATE OPENED	BALANCE

C. CREDIT CARDS

CREDIT CARD COMPANY	CARD NUMBER	MAXIMUM LIMIT	BALANCE

D. TRADE REFERENCES

NAME OF SUPPLIERS	ADDRESS	TEL. NO.	GOODS SUPPLIED/SERVICES RENDERED

  

NAME OF CUSTOMERS	ADDRESS	TEL. NO.	GOODS PURCHASED

E. PERSONAL

NAME	ADDRESS	TEL. NO.	RELATIONSHIP

**DOCUMENTARY REQUIREMENTS**

- |   |   |
|---|---|
| <input type="checkbox"/> Duly accomplished Offer to Buy Form  | <input type="checkbox"/> Photocopy of Latest Income Tax Return (ITR) (Original to be presented for verification)                              |
| <input type="checkbox"/> Latest Audited Financial Statement (if source of income is business)         | <input type="checkbox"/> Photocopy of DTI Certificate of registration – for Single Proprietorship (Original to be presented for verification) |
| <input type="checkbox"/> Original Certificate of Employment (COE) (if source of income is employment) | <input type="checkbox"/> Photocopy of two (2) valid Government issued IDs (Original to be presented for verification)                         |
| <input type="checkbox"/> Payment Slips (last three (3) months)  | <input type="checkbox"/> Others, please specify, _____  |

I/We hereby expressly consent and/or was authorized to give express consent to the collection, retention, processing, disclosure (as provided under the applicable confidentiality and data privacy laws of the Philippines including the implementing rules and regulations and all subsequent amendments, supplements and circulars issued by the proper government agency), and sharing of any personal, sensitive personal, and privileged information relating to me/us and authorized persons, whether provided by me/us or coming to China Bank Savings, Inc.'s (CBSI) possession, its branches, offices for the specific purposes of submitting a bid to purchase, or an offer to buy, entering into an agreement to buy/sell/purchase and/or possible sale of property, or such other similar arrangements or transactions with CBSI, as well as possible referral to avail of a housing loan, and/or for specific purposes reasonably required by/of CBSI such as, but not limited to: its conduct of everyday business (e.g. processing of my/our transactions, client information verification, credit checking), performance of daily technological and operational functions, communications technology services including updates and automation of the systems of CBSI, compliance with the law and regulatory organizations, research and statistics including conduct of surveys, client relationship management, statistical and risk analysis, data analytics and client profiling, business verification, and all other purposes as allowed in the banking industry practice, businesses of CBSI, and by law. I/We allow CBSI to access and check my/our credit data with the Credit Information Corporation and other credit reference institutions for the purpose of establishing my/our credit worthiness. I/We will notify CBSI in writing, which must be acknowledged by CBSI, if I/we do not consent to the sharing of the said information with CBSI and/or its representative offices. I/We further acknowledge my/our right to information, access, correction, rectification, erasure of my/our personal, sensitive personal, and/or privileged information, data portability, objection to processing, and file a complaint under the Data Privacy Act.

Relative to the above, I/we agree that CBSI may retain my/our personal, sensitive personal and/or privileged information for as long as necessary for the fulfillment of the purpose for which it was collected and such other purposes that I/we may have consented to from time to time, or as required by pertinent laws and regulations, and provide information when required to do so in accordance with RA 10173, any amendments thereto, other applicable laws, by court order, and jurisprudence.

If I/we/the Entity provide/s CBSI with any personal information relating to a third party (i.e. broker or referrer), I/we warrant to CBSI that I/we have obtained the written/recorded consent of such third party to provide CBSI with his/her personal information for the necessary verification, possible sales commission and other relevant purposes.

I/We agree to indemnify and hold free and harmless CBSI, as well as any of its officers, directors and employees against any and all losses, claims, damages, penalties, liabilities, causes of action and costs of any kind that may arise directly or indirectly from the execution of this consent.

\_\_\_\_\_  
Offeror's Signature Over Printed Name / Date

\_\_\_\_\_  
Spouse's Signature Over Printed Name / Date