



PREFERRED PAYMENT SCHEME (Please indicate preferred payment scheme)

In connection with my reservation and purchase of the Property, I/We would like the purchase to be registered as follows:

<input type="checkbox"/> Solely in my name	<input type="checkbox"/> In our name	<input type="checkbox"/> In the name of:
___ Individual	___ Spouses _____	___ A Corporation _____
___ married to _____	___ Co-Owners _____	___ A Partnership _____
		___ Trust Account _____

FOR INDIVIDUAL PURCHASERS:

PURCHASER PRINCIPAL			
Last Name	Suffix Name	First Name	Middle Name
Details of Spouse/Co-Owner			
Last Name	Suffix Name	First Name	Middle Name
Citizenship	Civil Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow/Widower <input type="radio"/> Legally Separated		Gender <input type="radio"/> M <input type="radio"/> F
ID No.		Date Issued (MM-DD-YY) <input type="text"/> - <input type="text"/> - <input type="text"/>	Birthdate (MM-DD-YY) <input type="text"/> - <input type="text"/> - <input type="text"/>
Type of Valid ID	Place Issued:		Tax Identification No. (first 9 digits only) <input type="text"/> - <input type="text"/> - <input type="text"/>

ALTERNATE CONTACTS OTHER THAN PRIMARY BUYER/S:

Last Name	Suffix Name	First Name	Middle Name
Complete Address			
Email Address	Mobile Number	Home Phone	Office Landline
Last Name	Suffix Name	First Name	Middle Name
Complete Address			
Email Address	Mobile Number	Home Phone	Office Landline
Last Name	Suffix Name	First Name	Middle Name
Complete Address			
Email Address	Mobile Number	Home Phone	Office Landline
Last Name	Suffix Name	First Name	Middle Name
Complete Address			
Email Address	Mobile Number	Home Phone	Office Landline

NOTE: Alternate contact numbers and persons will be reach out to by Citrineland Corporation in order to pass relevant information in instances where Buyer/s is/are unreachable.