

CUSTOMER INFORMATION SHEET F-SAL-002 | Rev 1 | 01/08/2024

2F Cityscape Hotel & Residences F. Cabahug St., Subangdaku, Mandaue City Tel. No. : 234-6548 E-mail: mpdisales@gmail.com Website: www.myvanproperties.ph

CLIENT PERSONAL DATA						
ddle Name	Citizenship					
		Attach here 1"	v 1" ID Photo of			
PRESENT HOME ADDRESS: (Unit /Room No. Building Name Lot/Block/Phase/House No. Street Name)						
City Province	ZIP Code	Gender (M/F)	Civil Status			
ling Name Lot/Block/Phase/Hou	ise No. Street Name)	Date of Birth (mm/dd/yy)	Place of Birth:			
Subdivision Barangay Municipality/City Province ZIP Code						
ing Name Lot/Block/Phase/Hous	se No. Street Name)	Mobile No.:				
City Province	Mother's Maiden Name:					
HOME OWNERSHIP Final and the second of the						
	ed	Years of Stay				
Years in Employm /Business	nent Industry/Position	EMPLOYER'S CONTACT DETAILS (Area Code + Contact no.)				
E Lot/Block/Phase/House No. S	treet Name)	Landline				
Subdivision Barangay Municipality/City Province ZIP Code						
Preferred Mailing Address: Present Home Address Permanent Home Address Employer/ Business Address MONTHLY INCOME Below Php 20,000.00 Php 20,000.00-30,0000.00 Php 30,000.00-50,000.00 Php 30,000.00-50,000.00						
30,0000.00 Above Php 70,	OO Above Php 70,000.00		SSS/GSIS #			
POUSE /BENEFICIARY INFORMA	ATION					
Middle Name	Gender (M/F)	Citizenship	Home No.			
Years in Employment / Business:	Date of Birth (mm/dd/yy)	Place of Birth:	Mobile No.			
	Name Lot/Block/Phase/House Mame Mame Mame Mame Mame Mame Mame Mam	Name Lot/Block/Phase/House No. Street Name) City Province ZIP Code Ling Name Lot/Block/Phase/House No. Street Name) City Province ZIP Code Ling Name Lot/Block/Phase/House No. Street Name) City Province ZIP Code Lives/parents	Attach here 1" Appl Attach here 1" Appl City Province ZIP Code Gender (M/F) City Province ZIP Code Home No.: City Province ZIP Code Home No.: City Province ZIP Code Home No.: City Province ZIP Code Mother's Maide City Province ZIP Code Email Add.: Years of Stay Years in Employment Industry/Position DETAILS (Area Code + Code and Incomplete Co			

EMPL	OYER ADDRESS:	(Unit /Room N	lo. Building Name Lot	/Block/Pl	hase/House No. Street	Na	nme)	Occupation: Employed	Email Add	
Subdivision Barangay Municipality/City			Province ZIP Code				Self-employed			
TIN:					SSS/GSIS #:					
No.		Dependen	nts/Children Names (Last,	First, Middle) Date o			Date of B	irth	Gender	
1										
1										
2										
3										
4										
			BANK ACCO	UNTS (In	ndicate your 3 most a	ctiv	/e)			
	Bank		Branch/Address		Type of Account		Account No.	Date Opened	Average Balance	
			CREDIT CARDS	S OWNED	(Indicate your 3 mos	st a	ctive)			
Issuer Name			<u>;</u>	Card Type (Visa/Mastercard) Card Expiry (mn			Card Expiry (mm/yyy	n/yyyy) Credit Limit		
			C	HARACT	ER REFERENCES					
Name				Address			Teleph	Telephone No.		
							Ι			
CERTIFICATION			 			Requirements:				
						Proof of Billing Proof of Income				
I/We hereby certify that the foregoing information/statement is to my/o correct, complete and updated. The signature/s appearing below is/are authorize Myvan Properties and Development Inc. (MPDI) or its duly at representative to verify necessary information or data. Should there be above, I/we will be responsible to inform Myvan Properties and Develop of such changes.					3	Proof of Income Two valid IDs (applicant) & One valid ID (spouse)				
			its duly authorized I there be changes in information		4					
					5					
			6			Special Power of Attorney (if applicable)				
Client's Signature over printed name				Date	Spouse Signature over printed name			Г	ate	