



Unit 1004-1005 Insular Building
Insular Life Cebu Business Centre, Cebu Business Park, Cebu City, 6000
Tel: 230-6808 , 234-4053 CP: 0917-773-7419 , 0917-771-0432

CLIENT INFORMATION SHEET

Date: _____

Client Name : _____ **Desired Unit:** _____

Civil Status : Single Married Legally Separated
 Widower Others

Place of Birth : _____ **Date of Birth :** _____ **Age:** _____

Citizenship : _____ **TIN No.:** _____

Religion : _____

Profession : _____ **Email /FB Address:** _____

Employer/ Business Name : _____

Employer / Business Address : _____

Employment Status : Permanent Temporary Casual

Personal Monthly Income : _____

Home/Philippines Address : _____

Contact Nos. : _____

Mobile Home Office

Name of Spouse : _____

Place of Birth : _____ **Date of Birth :** _____ **Age:** _____

Citizenship : _____ **TIN No.:** _____

Religion : _____

Profession : _____ **Email Address:** _____

Employer/ Business Name : _____

Employer / Business Address : _____

Employment Status : Permanent Temporary Casual

Spouse Monthly Income : _____

Contact Nos. : _____

Mobile Home Office

Name of Children	Age	If currently schooling/employed please state the complete name and address of the school/company and contact numbers

Note: Please attach latest 1 x 1 picture signed at the back and photocopy of Identification Card, GSIS or SSS, Drivers License, Company I.D, Passport

I hereby certify to the best of my knowledge that the information I have given above are true and correct.

I hereby undertake that I will notify **STERLING LAND RESIDENCES AND DEVELOPMENT INC.** of any change in my address and personal information that I have given above.

Authority is also hereby given for **STERLING LAND RESIDENCES AND DEVELOPMENT INC.** to confirm and verify information i have given above.

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF _____) S.S.
MUNICIPALITY OF _____)

IN WITNESS WHEREOF, I have hereunto set my hands this _____ day of _____, 20 _____ in the
City / Municipality of _____, Cebu, Philippines.

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

TEAM LEADER: _____

AGENT TIN NUM: _____

Name & Signature of Affiant _____

NAME OF AGENTS: _____

NAME OF REALTY: _____

MOBILE NO: _____

SIGNATURE: _____

Email add: _____