



Form No.:
Control No:

UNIT OWNER INFORMATION SHEET

Note: Please submit two (2) 1"x1" pictures

Date: _____

UNIT INFORMATION				
Building	Unit Number	Area	Parking Slot No.	
Unit Acceptance Date		Move-in Date		
REGISTERED UNIT OWNER'S PERSONAL INFORMATION				
Last Name		First Name		Middle Name
Home Address			Telephone Number	Mobile Number
Preferred means of communication (please choose one and tick box below):				
<input type="checkbox"/> Email: _____ <small>(Please indicate email address)</small>				
<input type="checkbox"/> Unit Mailbox				
Citizenship	Date of Birth	Place of Birth	Civil Status (single, married, separated, divorced, widower)	Sex (male, female)
Occupation	Company Name		Office Address / Office Number	
Person to notify in case of emergency			Contact Number	Email Address
AUTHORIZED OCCUPANTS OF THE UNIT				
Name	Age / Sex	Relation	Remarks	
	/			
	/			
	/			
	/			
	/			

In accordance with Data Privacy act of 2012, I hereby confirm that all information stated herein are true and correct, and in submitting this form I agree that my details be used for the purpose of documentation and facilitation of future transaction. Moreover, the information will only be accessed by the Condominium Corporation and Property Management Office (PMO) of the condominium corporation. I understand my data will be confidential and held securely and will not be distributed, shared nor disclosed to third parties, without my consent unless the disclosure is required by, or in compliance with applicable laws and regulations. I have a right to change or access my information. I understand that when this information is no longer required for this purpose, the PMO will dispose of my data.

Unit Owner's Name and Signature

Date

To be filled-out by the Property Management Office (upon issuance of UNIT OWNER'S ID)

Unit Owner's ID Received By : _____ (signature over printed name)
 Date Received : _____
 Unit Owner ID Control No. : _____