



TENANT'S INFORMATION SHEET FOR INDIVIDUAL/ SOLE PROPRIETORSHIP

Strategic Asset Management and Sales
26th Floor, BPI Buendia Center
No. 360 Along Senator Gil Puyat Avenue, Makati City
(02) 8580-3158
buenamano@bpi.com.ph
www.buenamano.ph
www.bpi.com.ph

PLEASE READ. The following information is required by law. In order for your transaction to be processed speedily, it is important that **all blanks are filled out**. If **not applicable**, please indicate N/A. If you have questions, our sales people will be happy to assist you. Thank you.

Type of Lease Transaction

☐ New Lease ☐ Renewal of Lease

LESSEE'S INFORMATION

Name (last name, first name, middle initial)			Birth Date (mm/dd/yy):	
			Birth Place:	
Citizenship/s:	Country of Origin	Alien Cert. No.	Mother's Full Maiden Name:	
SSS/GSIS No.:	BIR TIN:	<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Female <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

SPOUSE'S INFORMATION

Name (last name, first name, middle initial)			Birth Date (mm/dd/yy)		Birth Place	
Citizenship/s:	Country of Origin	Alien Cert. No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone No/s.		
BIR TIN:	SSS/GSIS No.:	Mother's Full Maiden Name:				

ADDRESS / CONTACT INFORMATION

Permanent Address:		<input type="checkbox"/> Owned <input type="checkbox"/> Mortgage <input type="checkbox"/> Rented <input type="checkbox"/> Used free	Resident Since (mm/dd/yy)	
Present Address:		Resident Since (mm/dd/yy)		
Business Address:		Employed or in Business since		
Home Phone No/s.:	Business Phone no/s.:	Email Address/es:		
Cell Phone No/s.:	Fax No/s.:			

FINANCIAL INFORMATION/ BUSINESS INFORMATION (If Self Employed)

Your Employment Status <input type="checkbox"/> Employed Position: _____ Company: _____ Nature of Work _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others, please specify: _____		Business Name: _____ Permanent Address: _____ Present Address (if different from Permanent Address): _____ Contact Person/ Position: _____ Telephone No/s: _____ Fax No/s: _____ Cellphone No/s: _____ Email Address: _____ Source of Fund: <input type="checkbox"/> Business Income (Appropriate Earnings) <input type="checkbox"/> Sale of the following company assets <input type="checkbox"/> Company Funds in Bank <input type="checkbox"/> Liquidation of Investments in <input type="checkbox"/> Financing, specify bank/financier <input type="checkbox"/> Others, pls. specify <input type="checkbox"/> Interest/ Commission from _____ Details of Fund Sources: _____	
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BUSINESS REFERENCES

Accounts with BPI/BPI Subsidiaries Savings in: _____ Checking in: _____ Time Deposit in: _____ Investments in: _____		Credit Card: _____ Housing Loan: _____ Auto Loan: _____ Credit Facilities: _____	
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Other Depository Banks		
Bank	Branch	Type of Account

RELATED PARTY QUESTIONNAIRE Relationship to BPI and BPI Subsidiaries and Affiliates, etc (in line with BSP Cir. 749)

Are you a Director, Officer, or Stockholder (DOS) of BPI or any BPI Subsidiary and/or Affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify your company and position or affiliation. Company (e.g. BPI) _____ Affiliation/ Position (e.g. Director) _____
Are you related to a DOS of BPI or any BPI Subsidiary/ Affiliate (e.g. BPI Century Tokyo, BPI/MS, etc) or the Ayala Group of Companies (e.g. Ayala Corp, Ayala Land Inc, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the name/s and relationship, such as, but not limited to: Spouse, Relative by consanguinity or affiliation (e.g. parent, child, sis/bro-in-law, grandparent, niece, uncle, first cousin, etc.) or Others (e.g. general partner, co-owner of collateral, etc) Name - Relationship to DOS- Company & Position (e.g. Juan Dela Cruz- First Cousin- BPI, AVP) _____ _____ _____

Note: Please disclose all relationships; a separate sheet may be attached if necessary.

DOCUMENTS TO BE SUBMITTED AS APPLICABLE

- a. Letter of Intent to Lease
- b. Last 2 Years Audited Financial Statements and ITR duly-received by the Bureau of Internal Revenue (BIR)
- c. Registration Certificate from Department of Trade and Industry (DTI)
- d. BIR Form 2303 and BIR Form 1921
- e. Brief Company Background
- f. Photocopy of Valid Government-issued ID with signature specimen
- g. Business Permit

AUTHORIZATION/ CERTIFICATION

By signing below, I/we acknowledge and agree to the following:

1. All the statements, information and supporting documents provided by me/us in connection with this application are true, correct, complete and accurate.
2. Where the information or data provided was collected by me/us from third party sources, the relevant consent of parties to whom such information relates has been obtained by me/us. I/We have likewise obtained, prior to submitting to the Bank information about individuals related to me/us (including their personal information) all necessary authorizations and consents required in compliance with applicable confidentiality and data privacy laws.
3. Any material misrepresentations, falsity or omission herein which is misleading shall be construed as an act to defraud the Bank and may be a ground for the denial of my/our application or, if already granted, the cancellation or termination, without prejudice to such civil and/or criminal action that the Bank may pursue against me/us.
4. All information and documents obtained, collected and processed by the Bank in connection with my/our application shall remain the property of the Bank.
5. The Bank, its parent, Bank of the Philippine Islands (BPI) or any of BPI's subsidiaries and affiliates (collectively, the "BPI Group of Companies" and each, "a member of the BPI Group of Companies") may impose specific terms, conditions and requirements as the Bank or any member of the BPI Group of Companies may deem necessary or appropriate in connection with my/our availment of any of the Bank's or of any member of the BPI Group of Companies' products, services, facilities and channels. My/Our application, enrollment, availment, access, maintenance, and continued use of any of the products, services, facilities and channels of the Bank or those of any member of the BPI Group of Companies shall constitute my/our acceptance and agreement to the applicable specific terms and conditions.
6. I/We shall notify the Bank of changes in any of the information supplied by me/us or documents submitted in connection with this application.
7. I/We agree to receive updates, notices and announcements on my/our application and/or any of the Bank's or any member of the Group of Companies' products, services, facilities and channels via SMS/text, email or fax transmission or such other means of communication deemed appropriate by the Bank or by any member of the BPI Group of Companies.

By signing this form, I/we agree that all personal information of individuals related to us, our transactions, business and credit relationships, accounts or account information, documents or records which are with the Bank, made available to the Bank or are in the Bank's possession or updated from time to time, may be collected, obtained, used, stored, consolidated, processed, profiled, benchmarked, verified, shared to and disclosed, by and between the Bank and any member of the BPI Group of Companies, their successors and assigns, and their respective authorized representatives, agents and service providers, and for any or all the purposes described in the Data Privacy Statement published at <https://www.bpi.com.ph> and deemed incorporated by reference in this form.

The foregoing constitutes my/our express consent under the applicable bank secrecy, confidentiality and data privacy laws of the Philippines and other jurisdictions described in the Data Privacy Statement published at <https://www.bpi.com.ph> and we agree to hold the Bank, each member of the BPI Group of Companies, the Program Partners and their respective directors, officers, employees, authorized representatives, agents and service providers, free and harmless from any and all liabilities, claims, damages, suits, costs, and expenses resulting from or in connection with the implementation of the purposes and authorities conferred by me/us hereunder.

Printed Name Over Signature/ Date Signed

Printed Name Over Signature/ Date Signed

FOR BANK'S USE ONLY

Signature Verified / Authenticated by:

Printed Name Over Signature

Date Signed