



**LAND BANK OF THE PHILIPPINES  
SPECIAL ASSETS DEPARTMENT**  
**CHECKLIST OF REQUIREMENTS FOR ROPA BUYERS**  
*(Complete requirements to be submitted)*

Buyer's Name : \_\_\_\_\_  
Address : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact No.: \_\_\_\_\_

**BASIC REQUIREMENTS (CORPORATION AND INDIVIDUAL)**

**Direct Buyer**

- ☐ Deposit of at least 10% of the Purchase Price
- ☐ Filled up Customer Information Sheet
- ☐ Filled up Negotiated Sale Offer Form (Form 6) Photocopy
- ☐ of two (2) Valid ID's duly signed by the Buyer
- ☐ BIR-stamped Income Tax Return (last 3 years) / Certificate of Deposit (for cash basis)
- ☐ Tax Identification Number
- ☐ Marriage Contract, if applicable

**with Broker/Referror**

- ☐ Deposit of at least 10% of the Purchase Price
- ☐ Filled up Customer Information Sheet
- ☐ Filled up Referral Form (for Referror) & Broker's Registration Letter - for Buyers (Form 4)
- ☐ Filled up Negotiated Sale Offer Form (Form 5)
- ☐ Photocopy of two (2) Valid ID's duly signed by the Buyer
- ☐ BIR-stamped Income Tax Return (last 3 years) (installment basis) / Certificate of Deposit (cash basis)
- ☐ Tax Identification Number
- ☐ Marriage Contract, if applicable

**ADDITIONAL REQUIREMENTS:**

**CORPORATION**

- ☐ SEC Certificate of Registration of Articles of Incorporation & By-Laws & amendments thereto, if any. **1/**
- ☐ Articles of Incorporation and By-Laws & amendments thereto, if any. **1/**
- ☐ Board Resolution/Secretary's Certificate authorizing the transaction, authorized representative and signatory/s with the corresponding specimen signature/s. **1/**
- ☐ Latest General Information Sheet submitted to SEC. **1/**
- ☐ Photocopy of two (2) Valid ID's of the authorized representative. **2/**
- ☐ Audited Financial Statement (last 3 years) or Project Study (if start up **3/**).

**INDIVIDUALS**

**Employed/Salaried**

- ☐ Certificate of Income and Employment (Exhibit A)

**Overseas Filipino Workers**

- ☐ Certificate of Income and Employment
- ☐ Employment Contract
- ☐ Consularized Special Power of Attorney (Exhibit B) authenticated by the Department of Foreign Affairs.

**Self-employed**

- ☐ DTI Registration
- ☐ Mayor's Business Permit
- ☐ Audited Financial Statements (last 3 years).

**1/** must be duly certified by the Corporate Secretary  
**2/** must be duly certified by the Corporate Secretary and the authorized representative  
**3/** subject to verification and validation



CLIENT INFORMATION AND SPECIMEN SIGNATURE CARD (CISSC)  
(DEPOSIT ACCOUNT)

REVISED NOVEMBER 2015

INDIVIDUAL  
CUSTOMER

Customer No.

Type Code: Personal

Sub-type code:

☐ 10 - Individual

☐ 20 - Sole Proprietorship

PERSONAL INFORMATION

First Name (include name suffix: Sr., Jr., III, IV)

Middle Name

Last Name

Nickname

Nationality

Present Address (No./Street, Subd., Brgy./Dist./Municipality/City/Province)

Country

ZIP Code

Permanent Address (No./Street, Subd., Brgy./Dist./Municipality/City/Province)

Country

ZIP Code

U.S. Address (if applicable)

ZIP Code

Tax Identification Number (TIN)

Residential Phone (Area Code + Tel. No.)

Mobile Phone No.

U.S. Social Service Number (SSN) or Individual Tax Identification Number (ITIN), if applicable

U.S. Phone (Area Code + Tel. No.)

Profession

e-Mail Address

Length of Stay in the US

Current Yr \_\_\_\_\_ Last Yr \_\_\_\_\_ 2 Yrs Prior \_\_\_\_\_

Valid IDs Presented :

SSS No. \_\_\_\_\_

Passport No. \_\_\_\_\_

ACR No. (For Foreign Nationals) \_\_\_\_\_

Company ID No. \_\_\_\_\_

GSIS No. \_\_\_\_\_

Voter's ID No. \_\_\_\_\_

Others \_\_\_\_\_

Source of Funds:

☐ 30 - Business

☐ 60 - Other Remittance

Gender: ☐ M ☐ F

Civil Status: ☐ Separated

☐ 10 - Salary/Honoraria

☐ 40 - Pension

☐ 99 - Others (pls. specify)

Nationality

☐ Single

☐ Widowed

☐ 20 - Interest/Commission

☐ 50 - Overseas Filipino Remittance

☐ Married

☐ Divorced

Date of Birth (mmddyyyy)

Place of Birth

No. of Children

Mother's Maiden Name (First Name, Middle Name, Last Name)

SPOUSE'S INFORMATION

Name (First Name, Middle Name, Last Name)

Profession

Date of Birth

Tax Identification Number (TIN)

BENEFICIAL OWNER'S INFORMATION

Name (First Name, Middle Name, Last Name)

Customer No.

Date of Birth (mmddyyyy)

Place of Birth

Nature of Work

Source of Funds

Present Address (No./Street, Subd., Brgy./Dist./Municipality/City/Province)

ZIP Code

Country

FINANCIAL INFORMATION OF DEPOSITOR

Employer's Name

Employment Start Date

Job Title

Employer's Address (No./Street, Subd., Brgy./Dist./Municipality/City/Province)

ZIP Code

Occupation

☐ 1 - Employed

☐ 3 - Overseas Filipino Worker

☐ 2 - Self-employed

☐ 4 - Retired

☐ 5 - Others (pls. specify)

Monthly Gross Income

☐ 1 - Php 30,000.00 & Below

☐ 3 - Php 50,000.01 - 100,000

☐ 5 - Over Php 500,000

☐ 2 - Php 30,000.01 - 50,000

☐ 4 - Php 100,000.01 - 500,000

SPECIMEN SIGNATURE CARD

Account Name

Account Type

Account Number :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial Deposit

☐ Cash

☐ Check

Date Opened

Date Updated

Please recognize the following signatures/thumbmarks in the payment of funds or transactions of other business on my/our account:

PLEASE ATTACH  
ID PICTURE

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_


Left Thumbmark

Right Thumbmark

(This portion shall be accomplished if client is unable to write.)





(continuation) FINANCIAL INFORMATION OF DEPOSITOR					
<b>FOR SOLE PROPRIETORSHIP ONLY</b>					
Business Name:					
Business Address				ZIP Code	Country
Business Phone (Area Code + Tel. No.)		Date Established (mm/dd/yyyy)	Years in Business	No. of Employees	
Place of Registration	Registration Date	Registration Number	Registering Agency (CDA, DTI, SEC, etc.)		
<b>NATURE OF WORK/BUSINESS/ECONOMIC ACTIVITY</b>					
<input type="checkbox"/> 0100 - Agriculture, Hunting and Forestry <input type="checkbox"/> 0200 - Fishing <input type="checkbox"/> 0300 - Mining and Quarrying <input type="checkbox"/> 0400 - Manufacturing <input type="checkbox"/> 0500 - Electricity, Gas and Water Supply <input type="checkbox"/> 0600 - Construction <input type="checkbox"/> 0700 - Wholesale and Retail Trade		<input type="checkbox"/> 0800 - Hotel and Restaurant <input type="checkbox"/> 0900 - Transportation <input type="checkbox"/> 1000 - Financial Intermediation <input type="checkbox"/> 1100 - Real Estate <input type="checkbox"/> 1200 - Renting and Business Activities <input type="checkbox"/> 1400 - Education <input type="checkbox"/> 1500 - Health and Social Work		<input type="checkbox"/> 1600 - Other Community, Social and Personal Services (e.g., Individual Service Provider) <input type="checkbox"/> 1700 - Private Household with Employed Persons <input type="checkbox"/> 1204 - Jewelry/ Precious Stones Dealer <input type="checkbox"/> 1005 - Foreign Exchange Dealer/Money Changer/Remittance Agent <input type="checkbox"/> 0021 - Others (pls. specify) _____	
List of companies where depositor is a Director/Officer/Stockholder					
Existing Accounts With LBP <input type="checkbox"/> SA/ATM <input type="checkbox"/> Trust <input type="checkbox"/> Treasury <input type="checkbox"/> CA/ATM <input type="checkbox"/> Loans <input type="checkbox"/> Credit Card <input type="checkbox"/> TD <input type="checkbox"/> Trade			Existing Accounts With Other Banks Bank / Branch name _____ Type of Account _____ _____ _____		
<b>PHONE ACCESS &amp; iAccess ENROLLMENT</b>					
Request for enrollment <input type="checkbox"/> iAccess <input type="checkbox"/> Phone Access <input type="checkbox"/> Others (pls. specify)					
Account Number		Account Type*	Account**		Fund Transfer**
		Individual (I)/Joint (J)	Own	3rd Party	Source Destination
[ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ]					
[ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ]					
[ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ]					
* Indicate (I) if individual account or (J) if joint account. For joint "and" account, only inquiry services can be enrolled. ** Put a check (✓) mark to whichever is applicable.					
<b>Bills Payment</b> (Limited to individual/joint "or" accounts) Note: All enrolled deposit accounts will be activated for Bills Payment feature					
Merchant/Agency		Subscriber's Name		Reference Number*	
*For verification of your reference number, please present your latest Billing Statement from your merchant. Note: Please indicate "NOT APPLICABLE" or "NA" for fields with no applicable data and "Nothing Follows" immediately after the last item.					
I certify that the above information are true and correct.					
Signature Over Printed Name _____					
<b>FOR BANK USE ONLY</b>					
Please put check (✓) and indicate details, whenever applicable			Validated/Assessed/Authenticated and Opened By:		Approved By:
BE [ ]	RBE [ ]	Name of BE _____			
PC [ ]	WPR [ ]	Name of PC _____			
OFC [ ]	Match [ ]	No Match	Signature Over Printed Name _____		Signature Over Printed Name _____
FATF [ ]	Match [ ]	No Match	DATE : _____		DATE : _____
CPRR Points [ ]	LR [ ]	NR [ ]	HR [ ]		
<b>ATM CARD/PASSBOOK/CHECKBOOK ACKNOWLEDGEMENT SECTION</b>					
APPROVED FOR RELEASE:		RELEASED BY:		RECEIVED BY:	
Customer Associate/Date/Time _____		Immediate Supervisor/Alternate _____		Signature over printed name _____	
<b>PIN MAILER ACKNOWLEDGEMENT SECTION</b>					
RELEASED BY:		RECEIVED BY:			
Branch Head/Alternate/Date/Time _____		Signature over printed name _____			



Date: \_\_\_\_\_

Special Assets Department  
Land Bank of the Philippines  
30<sup>th</sup> Floor, LANDBANK Plaza  
M.H. del Pilar cor. Dr. Quintos Sts.  
Malate, Manila

Gentlemen:

**NEGOTIATED SALE OFFER LETTER**

I would like to offer to buy through negotiated sale from the Land Bank of the Philippines the acquired property/ies described as follows:

Location:
Description:
Land/Floor Area:
Offered Price:

Mode Of Payment	
<i>Lump Sum (Cash)</i>	<i>Installment Basis</i>
_____ % of the Offered Price (at least 10%) _____ % balance payable as follows: within _____ days from date of Notice of Approval of Sale.	_____ % of the Offered Price (at least 10%) _____ % additional payment payable within _____ days after approval. _____ % balance payable monthly, as follows:  Term: _____ no. of years Interest: _____ % per annum
<b>Note: A penalty of 2% per month shall be charged for late payment/s</b>	

The payment for the required _____ % of the Offered Price is enclosed with the following details: Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Check No.: _____ Bank / Branch: _____ Date: _____
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LBP's receipt of *at least 10% of the Offered Price* described above does not constitute acceptance of my [the offeror's] offer. It shall be applied as partial payment in case my offer is approved. *The amount shall be forfeited* in favor of LBP if the sale is approved but not consummated due to negligence, failure to submit the necessary documents, or any act or omission on my part that may be construed by Land Bank as arising from my own fault. However, I agree that *the same shall be returned to me without interest* in case my offer is disapproved by Land Bank or not recommended for approval for whatever reason. It is also understood that I have inspected the property described above to ascertain the actual condition/status of the same and that I am acquiring the same on an "AS-IS-WHERE-IS" basis. I further agree that Land Bank reserves the right to accept or reject offers and I likewise hold Land Bank free and harmless from any liability arising hereof.

Very truly yours,

**BUYER/s:**\_\_\_\_\_  
Name/s and Signature/s\_\_\_\_\_  
Address\_\_\_\_\_  
Telephone No.

TIN: \_\_\_\_\_





LAND BANK OF THE PHILIPPINES  
SPECIAL ASSETS DEPARTMENT

Buyer's Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No.: \_\_\_\_\_

**KYC Questionnaire:**

1. I came to know about the property through:

- ☐ LBP Website ☐ Online Partners (e.g. Lamudi, Repo.ph, PropertyForum) ☐ Social Media (Facebook)  
☐ Referred by Agent/Referror/Broker ☐ Newspaper, poster, tarpaulin ☐ Housing Fair  
☐ Referred by Branch \_\_\_\_\_  
(Branch Name) By: \_\_\_\_\_ (Name of Branch Employee)  
☐ Referred by LBP Employee \_\_\_\_\_  
(Name of Employee) Contact Number \_\_\_\_\_

2. Purpose of Purchase: \_\_\_\_\_

3. Source of fund for this Purchase: \_\_\_\_\_

4. First Time buyer with LBP? ☐ Yes ☐ No  
If NO, please give details of previous property purchased: \_\_\_\_\_

5. Are you related to an LBP Employee? ☐ Yes ☐ No  
If YES, Name of LBP Employee/Position \_\_\_\_\_ LBP Branch/Department \_\_\_\_\_ Relationship \_\_\_\_\_

6. Is the Buyer, including immediate family members (spouse, parents, siblings, children and spouse's parents or siblings) holding position in the Government, elected or not? ☐ Yes ☐ No  
If YES, Name of Immediate Family Member and Position \_\_\_\_\_ Government Agency \_\_\_\_\_ Relationship \_\_\_\_\_

7. Is Buyer engaged with Money Service Business (MSB)? ☐ Yes ☐ No If YES, Check Type ☐ Foreign Exchange Dealer (FXD) ☐ Money Changer (MC) ☐ Remittance Agent

8. LBP Credit Card Holder? ☐ Yes ☐ No

9. Filipino Citizen? ☐ Yes ☐ No  
If No, please specify citizenship. \_\_\_\_\_

**Related Party Questionnaire (PRINCIPAL):**

1. Are you an employee, a director, or officer of LBP and/or its subsidiaries/ affiliated companies? ☐ Yes ☐ No

If YES, please specify the following:

Department/Unit: \_\_\_\_\_ ☐ Director ☐ Officer ☐ Employee  
Department/Unit: \_\_\_\_\_ ☐ Director ☐ Officer ☐ Employee  
Department/Unit: \_\_\_\_\_ ☐ Director ☐ Officer ☐ Employee

2. Do you have any relatives working in LBP and/or affiliated companies/ subsidiaries within the second degree of consanguinity or affinity?  
(e.g. spouse, parent/parent-in-law, child/son, daughter-in-law, brother/brother-in-law, sister/sister-in-law, grandparent/grandparent-in-law, grandchild/grandchild-in-law)

If YES, please specify the following:

Name of Relative	Relationship	Company Name
Last Name, First Name Middle Name	_____	_____
Last Name, First Name Middle Name	_____	_____
Last Name, First Name Middle Name	_____	_____

**CERTIFICATION**

I hereby certify that the information provided above is true and correct, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature Over Printed Name

**UNDERTAKING**

-The buyer hereby certifies that the information contained herein is/are true and correct and the signatures indicated herein are genuine.  
-The buyer hereby authorizes LBP and its authorized representative/s to conduct credit verification.  
- The buyer hereby waives confidentiality of client information including but not limited to 1405 (Secrecy of Bank Deposit Act), 6426 (Foreign Currency deposit Act), 10173 (Data Privacy Act of 2012) and Sec 55.1b of Republic Act No. 8791 (General Banking Law) and the law relating to the secrecy of Bank deposits for purposes of Credit Checking.

**SIGNATURES OF BUYER/S**

Principal Buyer	Conforme of Spouse	Second Buyer	Conforme of Spouse	A.I.F. Per SPA
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