



**LAND BANK OF THE PHILIPPINES
SPECIAL ASSETS DEPARTMENT**

CHECKLIST OF REQUIREMENTS FOR ROPA BUYERS

(Complete requirements to be submitted)

Buyer's Name : _____

Address : _____

Contact No.: _____ Fax 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



LAND BANK OF THE PHILIPPINES
SPECIAL ASSETS DEPARTMENT

CHECKLIST OF REQUIREMENTS FOR ROPA BUYERS
(Complete requirements to be submitted)

Buyer's Name : _____
Address : _____
Contact No.: _____ Fax No.: _____

OTHER REQUIREMENTS

- ☐ Letter of Guaranty issued by: ☐ LBP-PFO ☐ LBP-MBD ☐ PAG-IBIG/SSS/GSIS
☐ Bank: _____
☐ Certificate of Deposit: _____

OTHER DOCUMENTS TO BE SUBMITTED AS APPLICABLE

1. **LEGALLY SEPARATED.** If buyer is legally separated, he/she must submit a copy of the Court Order or decree granting the legal separation. This is to be submitted prior to execution of the Deed of Sale to facilitate registration of the said property.
2. **NON-CONJUGAL PROPERTIES.** If a married buyer wants to indicate that there is a separation of properties between him/her and his/her spouse, a copy of the Court Order to this effect should also be submitted prior to execution of the Deed of Sale.
3. **MINORS.** If buyer wants to register the property in behalf of his/her children or beneficiaries who are minors, a copy of the guardianship or trusteeship papers must be submitted prior to execution of the Deed of Sale.
4. **FILIPINO WITH FOREIGN SPOUSE.** If buyer of real property is a Filipino citizen married to a foreigner, the foreigner spouse must present an affidavit that the funds used to purchase the property came completely from the paraphernal funds of the wife-buyer or from the capital assets of the husband-buyer, as the case may be. This is to be submitted upon the signing of the Deed of Sale to facilitate registration of the said property.
5. **BALIKBAYAN.** If buyer is a *balikbayan* under the government's program, he/she must submit an affidavit showing the date and place of the transferee's birth, the names and addresses of his parents, of his spouse and children, if any; the area, the location, and the mode of acquisition of his land holdings in the Philippines, if any; his intention to reside permanently in the Philippines; the date he lost his Philippine citizenship, and the country of which he is presently a citizen. This is required document for registration of the property and must be submitted prior to execution of the Deed of Sale.
6. **DUAL CITIZENS.** For those who have re-acquired Philippine citizenship under R.A. 9225 (Dual Citizenship Act), they shall submit duly certified and authenticated copies of the Order of Approval, Oath of Allegiance and Identification Certificate/s.
7. **OVERSEAS FILIPINO WORKERS (OFWs).** For non-Philippine residents or OFWs, etc., required documents must be submitted: two (2) Valid IDs with photo, copy of job contract, Special Power of Attorney (SPA) duly authenticated/consularized by the Philippine Consulate where said clients are located.
8. **ATTORNEYS-IN-FACT.** For attorneys-in-fact or agents, ensure that the SPA clearly specifies the agent and the scope of agent's authority. SPA must be duly notarized or consularized as case may be.

RECEIVED AND VALIDATED BY:

Acquired Assets Assistant

Acquired Assets Officer

Date _____

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

NEGOTIATED SALE OFFER LETTER

Gentlemen:

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
Note: A penalty of 2% per month shall be charged for late payment/s	

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: _____
--

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:**BROKER**_____
Name/s and Signature/s_____
Address_____
Telephone No._____
TIN:_____
Signature over printed name



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

REVISED NOVEMBER 2015

PRIVATE
INSTITUTIONAL
CUSTOMER

Customer No.
Type Code: Commercial
Sub-Type Code:

- ☐ Commercial/Universal Bank
☐ 40 - Expanded Comm'l Bank
☐ 41 - Commercial Bank
☐ Ind'l Bank
☐ 42 - Private Dev't Bank
☐ 43 - Savings & Mortgage Bank
☐ 44 - Stocks Savings & Loan Assoc.
☐ 45 - Microfinance Oriented Bank
☐ 46 - Off-shore Banking Unit

- ☐ Rural Bank
☐ 47 - Rural Bank
☐ 48 - Cooperative (Rural) Bank
☐ Other Financial Intermediary
☐ 51 - Finance Company
☐ 52 - Insurance Company
☐ 53 - Leasing Company
☐ 54 - Investment House

- ☐ Partnership/Corporation
☐ 61 - Partnership
☐ 65 - Corporation
☐ Cooperative
☐ 71 - Multi-purpose
☐ 72 - Credit
☐ NGO/People's Organization/Association
☐ 81 - Non Gov't Org./Foundation
☐ 82 - People's Organization

- ☐ 83 - Other Association
☐ 85 - (Barangay) Micro-Enterprise
☐ 99 - Others

INSTITUTIONAL INFORMATION

Registered Name of Institution	Name of Mother Agency (if applicable)
Principal Business Address (No., Street, Subdivision, Bay / District, Municipality, Province)	ZIP Code
e-Mail Address	

Business Phone (Area Code + Tel. No.)	tax Identification Number (TIN) (Please exclude RDO / Branch Code)	Place of Registration
Date established (mm/dd/yyyy)	Years in Business	Asset Size

PARENT INFORMATION, IF INSTITUTION IS AN AFFILIATE, SUBSIDIARY OR A BRANCH OF A U.S. CORPORATION

U.S. Address of Parent Corporation	ZIP Code	
U.S. Business Phone (Country Code + Tel. No.)	U.S. Employer Identification Number (EIN)	Place of Registration
Date established (mm/dd/yyyy)	Years in Business	Asset Size

NATURE OF BUSINESS/ECONOMIC ACTIVITY

- | | | |
|--|---|---|
| <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"/> 1800 - Extra-Territorial Organization and Body
<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) |
|--|---|---|

Existing Accounts With LBP

- | | | |
|---|--|---|
| <input type="checkbox"/> SA
<input type="checkbox"/> CA
<input type="checkbox"/> TD | <input type="checkbox"/> Trust
<input type="checkbox"/> Loans
<input type="checkbox"/> Trade | <input type="checkbox"/> Treasury
<input type="checkbox"/> Credit Card |
|---|--|---|

Existing Accounts With Other Banks

Bank / Branch name	Type of Account

ACCOUNT INFORMATION

Account Name	Account Type
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initial Deposit <input type="checkbox"/> Cash <input type="checkbox"/> Check
	Date Opened Date Updated

SPECIMEN SIGNATURE OF AUTHORIZED SIGNATORIES

PLEASE RECOGNIZE ☐ ANYONE ☐ ANY TWO ☐ ALL of the following authorized signatures in the payment of funds or transactions of other business on our account.

<p>NAME: _____</p> <p>Signature: _____</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>	<p>NAME: _____</p> <p>Signature: _____</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>
<p>NAME: _____</p> <p>Signature: _____</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>	<p>NAME: _____</p> <p>Signature: _____</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>

PERSONAL INFORMATION OF AUTHORIZED SIGNATORIES															
NAME:				NAME:											
Present Address:				Country:		ZIP Code:		Present Address:				Country:		ZIP Code:	
Permanent Address:				Country:		ZIP Code:		Permanent Address:				Country:		ZIP Code:	
U.S. Address (if applicable):				U.S. Address (if applicable):											
Date of Birth:		Place of Birth:		Nationality:		Date of Birth:		Place of Birth:		Nationality:					
GSIS No. / SSS No.		TIN		U.S. SSN or TIN		GSIS No. / SSS No.		TIN		U.S. SSN or TIN					
Residential Phone No. (Area Code + No.):				Mobile No.:		Residential Phone No. (Area Code + No.):				Mobile No.:					
Office Phone No. (Area Code + No.):				e-Mail Address:		Office Phone No. (Area Code + No.):				e-Mail Address:					
U.S. Telephone No. (Area Code + No.) (if applicable):				U.S. Telephone No. (Area Code + No.) (if applicable):											
Existing Accounts with Other Banks:				Existing Accounts with Other Banks:											
Bank / Branch Name		Type of Account		Bank / Branch Name		Type of Account		Bank / Branch Name		Type of Account					
1. _____		_____		1. _____		_____		2. _____		_____					
2. _____		_____		2. _____		_____		3. _____		_____					
3. _____		_____		3. _____		_____									
I certify that the above information are true and correct.				I certify that the above information are true and correct.				I certify that the above information are true and correct.							
Signature Over Printed Name				Signature Over Printed Name				Signature Over Printed Name							
FOR BANK USE ONLY				FOR BANK USE ONLY				FOR BANK USE ONLY							
Please put check (✓) and indicate details, whenever applicable:				Please put check (✓) and indicate details, whenever applicable:				Please put check (✓) and indicate details, whenever applicable:							
BE	<input type="checkbox"/>	RBE	<input type="checkbox"/>	Name of BE	_____			BE	<input type="checkbox"/>	RBE	<input type="checkbox"/>	Name of BE	_____		
PC	<input type="checkbox"/>	WPR	<input type="checkbox"/>	Name of PC	_____			PC	<input type="checkbox"/>	WPR	<input type="checkbox"/>	Name of PC	_____		
OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>		
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>		
CPRR Points	_____			LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	CPRR Points	_____			LR	<input type="checkbox"/>	NR	<input type="checkbox"/>
PERSONAL INFORMATION OF AUTHORIZED SIGNATORIES															
NAME:				NAME:											
Present Address:				Country:		ZIP Code:		Present Address:				Country:		ZIP Code:	
Permanent Address:				Country:		ZIP Code:		Permanent Address:				Country:		ZIP Code:	
U.S. Address (if applicable):				U.S. Address (if applicable):											
Date of Birth:		Place of Birth:		Nationality:		Date of Birth:		Place of Birth:		Nationality:					
GSIS No. / SSS No.		TIN		U.S. SSN or TIN		GSIS No. / SSS No.		TIN		U.S. SSN or TIN					
Residential Phone No. (Area Code + No.):				Mobile No.:		Residential Phone No. (Area Code + No.):				Mobile No.:					
Office Phone No. (Area Code + No.):				e-Mail Address:		Office Phone No. (Area Code + No.):				e-Mail Address:					
U.S. Telephone No. (Area Code + No.) (if applicable):				U.S. Telephone No. (Area Code + No.) (if applicable):											
Existing Accounts with Other Banks:				Existing Accounts with Other Banks:											
Bank / Branch Name		Type of Account		Bank / Branch Name		Type of Account		Bank / Branch Name		Type of Account					
1. _____		_____		1. _____		_____		2. _____		_____					
2. _____		_____		2. _____		_____		3. _____		_____					
3. _____		_____		3. _____		_____									
I certify that the above information are true and correct.				I certify that the above information are true and correct.				I certify that the above information are true and correct.							
Signature Over Printed Name				Signature Over Printed Name				Signature Over Printed Name							
FOR BANK USE ONLY				FOR BANK USE ONLY				FOR BANK USE ONLY							
Please put check (✓) and indicate details, whenever applicable:				Please put check (✓) and indicate details, whenever applicable:				Please put check (✓) and indicate details, whenever applicable:							
BE	<input type="checkbox"/>	RBE	<input type="checkbox"/>	Name of BE	_____			BE	<input type="checkbox"/>	RBE	<input type="checkbox"/>	Name of BE	_____		
PC	<input type="checkbox"/>	WPR	<input type="checkbox"/>	Name of PC	_____			PC	<input type="checkbox"/>	WPR	<input type="checkbox"/>	Name of PC	_____		
OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>		
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>		
CPRR Points	_____			LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	CPRR Points	_____			LR	<input type="checkbox"/>	NR	<input type="checkbox"/>
FOR BANK USE ONLY															
Please put check (✓) and indicate details, whenever applicable:				Validated/Assessed/Authenticated and Opened By:				Approved By:							
OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			Signature Over Printed Name		Signature Over Printed Name					
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match	<input type="checkbox"/>			DATE:		DATE:					
CPRR Points	_____			LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	HR	<input type="checkbox"/>						
PASSBOOK/CHECKBOOK ACKNOWLEDGEMENT SECTION															
APPROVED FOR RELEASE:				RELEASED BY:				RECEIVED BY:							
Customer Associate/Date/Time				Immediate Supervisor/Manual				Signature Over Printed Name							



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 ☐ Newsprint, 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
-----------------	--------------------	--------------	--------------------	----------------