



**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/Referrer

- ☐ Deposit of at least 10% of the Purchase Price
- ☐ Filled up Customer Information Sheet
- ☐ Filled up Referral Form (for Referrer) & 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



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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



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

REVISED NOVEMBER 2016

PRIVATE
INSTITUTIONAL
CUSTOMER

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

- ☐ Commercial/Universal Bank
☐ 40 - Expanded Commercial Bank
☐ 41 - Commercial Bank
☐ Thrift Bank
☐ 42 - Private Govt. Bank
☐ 43 - Savings & Mortgage Bank
☐ 44 - Stocks Savings & Loan Assoc.
☐ 45 - Mortgage 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
☐ 62 - Corporation
☐ Cooperative
☐ 71 - Multi-purpose
☐ 72 - Credit
☐ Non-Profit Organization/Association
☐ 81 - Non Govt 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, City/Town, 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"/> 1300 - Education
<input type="checkbox"/> 1400 - Health and Social Work | <input type="checkbox"/> 1500 - 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 LOP

- | | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <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"/>	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						
1. _____			_____			1. _____			_____						
2. _____			_____			2. _____			_____						
3. _____			_____			3. _____			_____						
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 _____									
FOR BANK USE ONLY															
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		OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match					
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match		FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match					
CPRR Points	<input type="checkbox"/>		LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	HR	<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						
1. _____			_____			1. _____			_____						
2. _____			_____			2. _____			_____						
3. _____			_____			3. _____			_____						
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 _____									
FOR BANK USE ONLY															
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		OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match					
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match		FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match					
CPRR Points	<input type="checkbox"/>		LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	HR	<input type="checkbox"/>							
FOR BANK USE ONLY															
Please put check (✓) and indicate details, whenever applicable						Validated/Assessed/Authenticated and Opened By: _____									
OFC	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match		Approved By: _____									
FATF	<input type="checkbox"/>	Match	<input type="checkbox"/>	No Match		Signature Over Printed Name _____									
CPRR Points	<input type="checkbox"/>		LR	<input type="checkbox"/>	NR	<input type="checkbox"/>	HR	<input type="checkbox"/>	DATE: _____						
PASSBOOK/CHECKBOOK ACKNOWLEDGEMENT SECTION															
APPROVED FOR RELEASE. _____				RELEASED BY. _____				RECEIVED BY. _____							
Customer Associate/Data/Time _____				Immediate Supervisor/Alternate _____				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/Referrer/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
-----------------	--------------------	--------------	--------------------	----------------

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 _____

LBP RESOURCES & DEVELOPMENT CORP.

Address _____

REFERROR:

Telephone No. _____

TIN: _____

Signature Over Printed Name _____

LBP SPAD Form No. 4
(for SALE TRANSACTIONS)
LBRDC-LBP BROKERAGE TIE-UP

(Date)

The Special Assets Department
Land Bank of the Philippines
M.H. del Pilar cor. Dr. Quintos Sts.
Malate, Manila

or _____ Lending Center
Land Bank of the Phils.

BROKER'S REGISTRATION LETTER

Gentlemen:

We would like to register our buyer, Mr./Ms./Mrs. _____, referred by Mr./Ms./Mrs. _____, who has indicated his/her/their interest to purchase the following acquired property/ies from Land Bank of the Philippines described below:

Property desired to be Purchased

Location : _____
Description : _____
Land/Floor Area : _____
Buyer's Name : _____
Address : _____
Telephone No. : _____
Office Address : _____
Telephone No. : _____

BROKER:

LBP Resources & Dev't. Corp.

Information Attested Correct:

Printed Name & Signature of Buyer

Referror:

Printed Name & Signature of
Head of LC/LAU or AO

(Signature over printed name)

Referral No. _____

LBRDC-LBP ROPOA BROKERING/REFERRAL TIE-UP**A. REFERRAL FORM** (to be filled in by Referror)

(Date) _____

LBP Resources and Development Corporation (LBRDC)

Gentlemen:

I am pleased to refer Mr./Mrs./Ms. _____ residing at _____ who intends to purchase/lease LBP acquired assets, particularly described as follows: _____.

In this regard, I hereby give you the assurance that I have completed or will be fully responsible for the completion of the following:

1. Identification of the prospective buyer/lessee and submission to you of all pertinent information on said buyer/lessee, as may be required by LBP SPAD/LC.
2. Preliminary marketing efforts and inspection of site/property by buyer/lessee.
3. Actual negotiation and submission of Buyer's formal proposal to buy, using LBP SPAD's Negotiated Sale Offer (Form 5/5A).
4. Compliance with the specific terms and conditions of the approved sale/lease.
5. Closing of the sale with the signing of the Contract to Sell, Deed of Conditional Sale, Deed of Absolute Sale, or any other pertinent contracts/documents to effect the sale/lease.
6. Information/reminder to Buyer/Lessee and ensure that payments on the subject sale/lease are made to LBP and/or the appropriate government agency on their due dates, including payment of VAT, if applicable, transfer tax, registration expenses, documentary stamp tax, and other fees and expenses in connection with the sale/lease and registration thereof, as well as association dues, interest and penalties, real property tax and other related fees and expenses the payment of which may be or have been advanced by LBP.
7. Compliance with the General Provisions of the LBRDC Brokering of LBP Acquired Assets enumerated at the back hereof.

I hope to complete all the required activities by _____, 20____. Thank you.

Very truly yours,

Printed Name & Signature of Referror

to be filled in by LBRDC

B. BROKER'S (LBRDC) ACKNOWLEDGEMENT/ACCEPTANCE FORM

This is to acknowledge your referral of Mr./Mrs./Ms. _____ as prospective buyer of above described LBP property. In this regard, LBRDC accepts said referral and commits to undertake the following activities as a duly accredited broker of LBP:

1. Register your referral with LBP SPAD/LC thru the submission of duly accomplished Broker's Registration Letter (LBP SPAD Form 4/4A), together with the duly accomplished Buyer's Negotiated Sale Offer (LBP SPAD Form 5/5A) and the required deposits/advance rentals, as applicable.
2. Comply with all the LBP Guidelines/Policies/Procedures on Registration of Buyers/Lesseees up to the approval of the sale/lease by appropriate LBP approving authorities.
3. Give assistance whenever applicable to Referror/Buyer in the documentation/execution of the required sale/lease papers/documents.
4. Comply with the General Provisions of LBRDC Brokering of Acquired Assets as enumerated at the back hereof.
5. As each pertinent check representing LBRDC's Broker's Commission is received, release within _____ banking days to Referror the finder's/referral fee, computed as follows:

LBP Resources & Dev't. Corp.

Conforme:

Printed Name & Signature of Referror

Tel. Nos. - (02) 405-7135/405-7134/405-7402 Fax no. (02) 528-8589

Look for Nick Barnes

General Provisions:

1. Non-compliance with any of the Referror's commitments will be ground for LBRDC to automatically reject/cancel the acceptance of the referral.
2. LBRDC reserves the right to :
 - 2.1 cancel for any reason and at any time the acceptance of the referral by giving prior written notice of such cancellation.
 - 2.2 refuse to sell property to a buyer who is referred by Referror for any reason whatsoever.
3. Each referror shall hold LBRDC, its Board of Directors, its officers and staff and any of its employees free and harmless from any action or claim.
4. It is understood that no employer-employee relationship or contract of agency exists between the Referror and LBRDC. Hence, LBRDC mat not be held liable for any and all acts that may be committed by the Referror without the express consent of LBRDC.
5. Referrors are not authorized to accept payment from buyers of the Bank's properties.
6. Referror shall be held liable for any damage that may be caused to the property of the Bank during the site inspection owing to the willful act or negligence of said Referror and/or his Buyer/Lessee.
7. Injuries, damages or losses sustained by third parties during the site inspection/tripping organized by the Referror shall be the sole responsibility of the Referror.
8. The foregoing terms and conditions are subject to change by LBRDC without prior notice, of which changes Referror shall be notified accordingly.

CERTIFICATION

This is to certify that I, _____ is the referror for the
(Name of Referror)
sale of _____ to
(Property description)

(Name of Client)

This is to further certify that I am the point person for the sale of the above describe property and shall abide with the Referror's responsibilities and General Provisions stated above.

(Signature over printed name of Referror)

Original documents and two government issued IDs are presented and verified.

The Referror herein has personally filed and submitted the documents.

Checked/verified by:

Signature over printed name