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	ass	D

	Class D
Date:	Form 6
Special Assets Department Land Bank of the Philippines 30 th Floor, LANDBANK Plaza M.H. del Pilar cor. Dr. Quintos Sts. Malate, Manila	(Direct Sale-Revised083017)
Gentlemen:	
NEGOTIATED SALE	OFFER LETTER
I would like to offer to buy through negotiated sale fi property/ies described as follows:	om the Land Bank of the Philippines the acquired
Location:	
Description: Land/Floor Area:	
Offered Price:	
Made Of	Daymant
Lump Sum (Cash)	Payment Installment Basis
% 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 s	hall be charged for late payment/s
The payment for the required % of the Offered I Amount: Cash Check No.: Bank / Branch: Date:	Price is enclosed with the following details: Check
forfeited in favor of LBP if the sale is approved but the necessary documents, or any act or omission on m from my own fault. However, I agree that the same shapes	t in case my offer is approved. The amount shall be not consummated due to negligence, failure to submit my part that may be construed by Land Bank as arising hall be returned to me without interest in case my offer rapproval for whatever reason. It is also understood ascertain the actual condition/status of the same and S" basis. I further agree that Land Bank reserves the
Very truly yours,	
BUYER/s:	
Name/s and Signature/s	

Address

Telephone No. TIN:

CLIENT INFORMATION AND SPECI	ACCOUNT)					
Customer No. Type Code: Commercial Sub-Type Code:	CUSTOMER					
National Government Agency	Government-Owned and Controlled Corporation 31 - Government Bank 32 - Non-Financial Public Enterprise 33 - Other Government Instrumentality 39 Others, (pls. specify)					
INSTITUTIONAL INFORMATION Name of Government Institution Name of Mother Agency (if applicable)						
Principal Business Address (No., Street, Subdivision, Brgy. / District, Municipality, Province) ZIP Code						
e-Mail Address Business Phone (Area Code + Tel. No.) Tax Identification N (Please exclude R	Aumber (TIN) Place of Registration DO / Branch Code)					
Date of Registration (mm/dd/yyyy) Registration Numb	or No. of Employees					
Created by Virtue of RA/PD No. Executive Order NATURE OF BUSI	o Administrative/Memorandum No Others NESS/ECONOMIC ACTIVITY					
0001 - Advisory Body/Policy/Governance/Regulatory 0009 - Forestry 0017 - Social Service 0010 - Housing/Land Management 0018 - Sports/Gaming 0018 - Sports/Gaming 0019 - Trading 0019 - Trading						
Existing Accounts With LBP SA Trust Treasury — CA Loans Credit Card TD Trade	Existing Accounts With Other Banks Bank / Branch name Type of Account					
Account Name:	NT INFORMATION Account Type					
Account Number:	Initial Deposit Date Opened Cash Date Updated					
	COF AUTHORIZED SIGNATORIES Orized signatures in the payment of funds or transactions of other business on our account					
NAME : Signature: 1	NAME: Signature: 1					
2	2					
3	NAME:					
Signature:	Signature:					
2						
3	3					





		PER	SONAL INFOR	NATION O	F AUTHORIZED SIGNATORI	ES			
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 Cod	e + No.) [if applicable]			U.S. Telephone No. (Area Code + No.) [if applicable]				
Existing Accounts with Other B Bank / Branc			Type of Ac	ccount	Existing Accounts with Other Banks: Bank / Branch Name Type of Account				ccount
2 3					1 2 3				
I certify that the above informat	ion are true and corr	ect.	(GNATUR	I certify that the above information are true and correct.			GNATURE	
	Signature Over Printe	d Name		PIFIE		Signature Over Printe	d Name		RIFTED
	FOR BANK USE	***************************************				FOR BANK USE			
Please put check (-1) and indicate details, whenever applicable					Please put check (1) and indicate details, whenever applicable BE				
		PERS	SONAL INFOR	MATION O	F AUTHORIZED SIGNATORI	ES			
NAME:					NAME:				W
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):				1	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 TII	N	GSIS No. / SSS No. TIN U.S. SSN or TIN			N	
Residential Phone No. (Area Co	ode + No.)	Mobile No.		1051185981484-0013	Residential Phone No. (Area Code + No.) Mobile No.				
Office Phone No. (Area Code +	No.)	e-Mail Add	Iress		Office Phone No. (Area Code + No.) e-Mail Address				
U.S. Telephone No. (Area Code	e + No.) [if applicable]		2000 a 5100 a	U.S. Telephone No. (Area Code	e + No.) [if applicable]		
Existing Accounts with Other Bank / Brance			Type of Ac	count	Existing Accounts with Other Banks: Bank / Branch Name Type of Account				ccount
2					2			2000000	
I certify that the above informat	ion are true and corr	act.	,	NATU	I certify that the above information are true and correct.				
	Signature Over Printe		(STAPPED)	Signature Over Printed Name				STAPLE OF
	FOR BANK USE			<u></u>	FOR BANK USE ONLY				
Please put check (√) and indicate deta					Please put check (\(\frac{1}{2}\)) and indicate details, whenever applicable				
BE [] RBE [] Name of BE				BE [] RBE [] Name of BE					
PC [] WPR [] Name of PC OFC [] Match [] No Match				PC [] WPR [] Name of PC OFC [] Match [] No Match					
CPRR Points [] LR [] NR [] HR [] CPRR Points [] LR [] NR [] HR []									
FOR BANK USE ONLY									
Please put check (1) and indicate details, whenever applicable Validated/Assessed/Authenticated Approved By: OFC [] Match [] No Match and Opened By:									
CPRR Points [] LR [] NR[] HR[]			Signature Over Printed Nan		Signatur	e Over Printed N	lame
		PASS	BOOKICHEC		KNOWLEDGEMENT SECTION				
APPROVED FOR RELEASE	:		RELEASED	Commercial		RECEIVED BY:			ENATUS \
7								(35 (F)
Customer Associate	e/Date/Time	_	Imme	ediate Super	visor/Alternate	Signature	Over Print	ed Name	RIFIE









LAND BANK OF THE PHILIPPINES SPECIAL ASSETS DEPARTMENT

Buyer's Name : Address :							
Contact No.:							
1. I came to know about the prop		KYC Questionnaire):				
1. I came to know about the prop		rtners (e.g. Lamudi, Repo.ph, Pro	pertyForum) Social Media (Fb-sb)			
LBP Website Referred by Agent/Referror/		rtners (e.g. Lamudi, Repo.ph, Prop t, poster, tarpaulin	DertyForum) Social Media (Housing Fair	Facebook)			
Referred by Agent/Referror/	3roker	, poster, tarpaulin	LITHUSHING Fail				
Referred by Branch (Branch Name) By: (Name of Branch Employee)							
Referred by LBP Employee	<u> </u>	(Name of Employee)	Contact Number	(*)			
2. Purpose of Purchase:		• 11					
3. Source of fund for this Purc	hase:						
4. First Time buyer with LBP?	Yes No	If NO, please give details of prev					
5. Are you related to an LBP En	mployee? Yes No If Y	If NO, please give details of prev YES, Name of LBP Employee/Position		partment Relationship			
Is the Buyer, including immediat members (spouse, parents, sibli and spouse's parents or sibling position in the Government, elec	e family ings, children Yes No s) holding	If YES, Name of Immediate Family N					
7. Is Buyer engaged with Mon Service Business (MSB)?	ey Yes No If	YES, Check Type Foreign Ex	change Dealer (FXD) Money Chan	nger (MC) Remittance Agent			
8. LBP Credit Card Holder?	Yes No						
9. Filipino Citizen?	Yes No	If No, please specify citizenship.					
	Relate	d Party Questionnaire (PRINCIPAL):				
1. Are you an employee, a dire	ctor, or officer of LBP and/or i	ts subsidiaries/ affiliated compa	anies? Yes No				
If YES, please specify the following	na:						
Department/Unit:	30 2 70.	Director 0	Officer Employee				
Department/Unit:			Officer Employee				
Department/Unit:			Officer Employee				
2. Do you have any relatives wor within the second degree of co (e.g. spouse, parent/parent-in-la-	king in LBP and/or affiliated com nsanguinity or affinity? w, child/son.daughter-in-law, broth l/grandparent-in-law, grandchild/gr	npanies/ subsidiaries er/brother-in-law,					
Name of Relative	V	Relati	onship	Company Name			
Last Name, First Name	Middle Name	-	-	***************************************			
Last Name, First Name	Middle Name						
Last Name, First Name	Middle Name	S		-			
		CERTIFICATION					
	hereby certify that the informati		rect, to the best of my knowledge an	nd 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 BUY	ER/S				
Principal Buyer	Conforme of Spouse	Second Buyer	Conforme of Spouse	A.I.F. Per SPA			



LAND BANK OF THE PHILIPPINES SPECIAL ASSETS DEPARTMENT

Buyer's Name : Address : Contact No.:						
CONTROCT INC.	N116725-22-1-2-1/2		KYC Questic	nnaire:		
1. I came to know about the pro	operty through:			Militari G.		
LBP Website	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Online Partr	ners (e.g. Lamudi, Repo	o.ph, PropertyForum	n) Social Media	(Facebook)
Referred by Agent/Referro	r/Broker	7	poster, tarpaulin	5. - 10 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Housing Fair	© 10 € 10 00 00 00 00 00 00 00 00 00 00 00 00
Referred by Branch	DAM Stagensen	-	(5 -1 N)		- 0	
Referred by LBP Employe			(Branch Name)		By: (N	lame of Branch Employee)
L Referred by Lor Employe	ee	ns	(Name of Employee)		Contact Number	
2. Purpose of Purchase:				1000		
3. Source of fund for this Pur						- N
4. First Time buyer with LBP?			If NO, please give detail	ils of previous prope	rty purchased:	
5. Are you related to an LBP	Employee? L_Yes	☐ No If YES	S, Name of LBP Employe		LBP Branch/De	partment Relationship
Is the Buyer, including immedi members (spouse, parents, sit and spouse's parents or siblin position in the Government, ele	olings, childrenYes igs) holding	No	f YES, Name of Immediate	e Family Member and	Position Government	t Agency Relationship
7. Is Buyer engaged with Mo Service Business (MSB)?		No If YE	ES, Check Type F	oreign Exchange Dea	aler (FXD) Money Char	nger (MC) Remittance Agent
8. LBP Credit Card Holder?	Yes	No				856
9. Filipino Citizen?	Yes	No	f No, please specify citize	nship.		
		Related	Party Questions	naire (PRINCI	PAL):	
1. Are you an employee, a dir	ector, or officer of LB				Yes No	
If YES, please specify the follow						
8818 E1 15	. .		Director	Officer.	☐ Employee	
Department/Unit:			Director	Officer	☐ Employee	
Department/Unit:			Director	Officer	Employee	
Department/Unit:			Director	Officer	Employee	
Do you have any relatives wo within the second degree of o (e.g. spouse, parent/parent-in-i sister/sister-in-law, grandpare	consanguinity or affinit aw, child/son.daughter-in nt/grandparent-in-law, gr	y? n-law, brother/i	brother-in-law,			
If YES, please specify the foll	owing:					ALANGAMENT CONTRACTOR STATES
Name of Relative				Relationship		Company Name
Last Name, First Name	Middle Name		-			
Last rune,	Wilder Hamo					
Last Name, First Name	Middle Name	_				
Last Name, First Name	Middle Name		_			
	William Market William State Comment		CEDTIEICA	TION		
	I hereby certify that th	e information	CERTIFICA provided above is true		best of my knowledge an	nd helief
	Thoroby III.	o iliiciii.	promoce account	and coco.,	best of my morning	u bener.
Signature Over Printed Name						
			UNDERTA	(ING		
-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 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						
Service (1997) Commission (199						
Principal Buyer	Conforme of S	pouse	Second Buyer	r Conf	orme of Spouse	A.I.F. Per SPA