

# RESERVATION AGREEMENT

Holding Reference Number
Reservation Reference Number

I hereby manifest my intention to purchase from the "Company" the "Property" and request that the Property be reserved for my purchase under the agreed price, terms and conditions indicated below:

The "Company"		
<input type="checkbox"/> SM Development Corporation	<input type="checkbox"/> SM Synergy Properties Holdings Corporation	<input type="checkbox"/> SM Prime Holdings, Inc.
<input type="checkbox"/> Twenty Two Forty One Properties, Inc.	<input type="checkbox"/> Vancouver Lands Incorporated	<input type="checkbox"/> Others: _____

The "Property"					
Project Name		Phase/Building:		Block:	
Unit No.	Approximate Area (sqm)	Lot No.	Approximate Area (sqm)	Unit Type:	House Model:

### TERMS OF PAYMENT

UNIT COMPUTATION	PAYMENT SCHEME DETAILS
List Price <b>P</b> _____	<input type="checkbox"/> Spot Cash <input type="checkbox"/> Deferred Cash
Less: Applicable Discount/s	Reservation Fee (*) <b>P</b> _____
____ % Company Discount <b>P</b> _____	Retention Fee <b>P</b> _____
____ % Standard Discount <b>P</b> _____	____ % Spct Down payment <b>P</b> _____ Due Date _____
____ % Promo Discount <b>P</b> _____	____ % Net Down payment <b>P</b> _____
____ % Other Discount <b>P</b> _____	No. of Mos. _____ Starting Due Date _____
Total Discounts <b>P</b> _____	Monthly Amortization <b>P</b> _____
Net List Price <b>P</b> _____	____ % Balance <b>P</b> _____ Due Date _____
Add:12% VAT (if any) <b>P</b> _____	Payable thru: <input type="checkbox"/> Cash <input type="checkbox"/> Bank <input type="checkbox"/> Others: _____
Total Contract Price <b>P</b> _____	Validity Date of Payment Scheme: _____
Add: Other Charges <b>P</b> _____	
Total Amount Payable <b>P</b> _____	

### BUYER INFORMATION

PRINCIPAL BUYER DETAILS					
To be registered as: (Fill up Annex A for Co-owner, Attorney-In-Fact, Trust Account or Representative Details if applicable)					
<input type="checkbox"/> Individual <input type="checkbox"/> Married To <input type="checkbox"/> Spouses <input type="checkbox"/> Corporation / Partnership <input type="checkbox"/> Trust Account <input type="checkbox"/> Minor					
Contract Name: (Write in order how it will appear in all documents) _____					
Title	First Name	Middle Name	Last Name	Tax Identification Number	
Name of corporation/partnership/Trust, as registered (If applicable)					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Civil Status	Citizenship (indicate both if dual citizenship)		Occupation
Passport No. or other valid Government-issued ID (Submit photocopy)			Personal Email Address		Work Email Address
RESIDENCE					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
OFFICE					
Employer Name					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
Select the contact details to be used for correspondence: <input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Others					
ALTERNATE CONTACT PERSON					
Name of Person					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
SPOUSE OR AUTHORIZED SIGNATORY (FOR CORPORATE) DETAILS					
Title	First Name	Middle Name	Last Name	Tax Identification Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Civil Status	Citizenship (indicate both if dual citizenship)		Occupation
Passport No. or other valid Government-issued ID (Submit photocopy)			Personal Email Address		Work Email Address
RESIDENCE					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
OFFICE					
Employer Name					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		

### OTHERS

Source of Sale					
<input type="checkbox"/> Booth/Showroom <input type="checkbox"/> Event <input type="checkbox"/> Advertisement <input type="checkbox"/> Repeat Buyer <input type="checkbox"/> Internet <input type="checkbox"/> E-mail <input type="checkbox"/> Flyer <input type="checkbox"/> Referral <input type="checkbox"/> Employee					
Reason for buying				Commission Matrix	Country of Origin of Sales
<input type="checkbox"/> Primary Home <input type="checkbox"/> Secondary Home <input type="checkbox"/> For Rental/Resale <input type="checkbox"/> For Other Family Members					

I have read and signed the Terms and Conditions on page 2 and signify my conformity to the foregoing and certify that all information provided are true and correct.

BUYER:	BUYER:
Signature over printed name	Signature over printed name
PROPERTY SPECIALIST / BROKER	<input type="checkbox"/> ASST. SALES DIRECTOR <input type="checkbox"/> SALES DIRECTOR <input type="checkbox"/> SALES HEAD
Signature over printed name	Signature over printed name

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**ANNEX A**
**BUYER INFORMATION**

CO-OWNER DETAILS					
To be registered as: (Select one)					
<input type="checkbox"/> Individual <input type="checkbox"/> Married To <input type="checkbox"/> Spouses <input type="checkbox"/> Minor					
Title	First Name	Middle Name	Last Name	Tax Identification Number	
Gender	Date of Birth (MM/DD/YYYY)	Civil Status	Citizenship (indicate both if dual citizenship)	Occupation	
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Passport No. or other valid Government-issued ID (Submit photocopy)			Personal Email Address	Work Email Address	
RESIDENCE					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
OFFICE					
Employer Name					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
SPOUSE DETAILS					
Title	First Name	Middle Name	Last Name	Tax Identification Number	
Gender	Date of Birth (MM/DD/YYYY)	Civil Status	Citizenship (indicate both if dual citizenship)	Occupation	
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Passport No. or other valid Government-issued ID (Submit photocopy)			Personal Email Address	Work Email Address	
RESIDENCE					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
OFFICE					
Employer Name					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
ATTORNEY-IN-FACT (Special Power of Attorney [SPA] Required) <input type="checkbox"/> GUARDIAN DETAILS (For Minor) <input type="checkbox"/> TRUST ACCOUNT <input type="checkbox"/>					
AIF to sign in behalf of:					
Title	First Name	Middle Name	Last Name	Tax Identification Number	
Gender	Date of Birth (MM/DD/YYYY)	Civil Status	Citizenship (indicate both if dual citizenship)	Occupation	
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Passport No. or other valid Government-issued ID (Submit photocopy)			Personal Email Address	Work Email Address	
RESIDENCE					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
OFFICE					
Employer Name					
No.	Street, Subdivision	Barangay	City	Province / State	Country
Telephone Number (Country Code – Area Code – Number)			Mobile Number (Country Code – Area Code – Number)		
Select the contact details to be used for correspondence: <input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Others _____					

I have read and signed the Terms and Conditions on page 2 and signify my conformity to the foregoing and certify that all information provided are true and correct.

BUYER:	BUYER:
Signature over printed name	Signature over printed name
PROPERTY SPECIALIST / BROKER	<input type="checkbox"/> ASST. SALES DIRECTOR <input type="checkbox"/> SALES DIRECTOR <input type="checkbox"/> SALES HEAD
Signature over printed name	Signature over printed name