



RESIDENT’S INFORMATION SHEET  
(VERTICAL)

☐ Owner   ☐ Tenant   ☐ Long-Term Guest

- ☐ I agree to update my contact information on all <Developer>, <CondoCorp or HOA name>, Administration Office and Amicassa Process Solutions, Inc. records.
- ☐ I do not have any changes on my existing records.

| PERTINENT DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              |                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| Name* (as it appeared on the Deed of Sale/Title for Owners, on the Lease Contract for Tenants and on Authorization for Guests)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              | Tower*:                                                                         | Unit No.*:                                           |
| Name of Authorized Representative* (Attach SPA / Secretary’s Certificate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |              | Parking Slot No/s.*:                                                            |                                                      |
| Birthdate (mm/dd/yy) :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Civil Status: | Gender*:     | Nationality*:                                                                   | ACR No.* (if foreigner):                             |
| Employer’s Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Profession:  |                                                                                 | Tax Identification No.*:<br>[ ]-[ ]-[ ]-[ ]-000      |
| CONTACT DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |              |                                                                                 |                                                      |
| Mobile Numbers*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1             | E-mail Add*: |                                                                                 |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2             | Phone:       |                                                                                 |                                                      |
| Mailing / Business Address*:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |              |                                                                                 |                                                      |
| SPOUSE’S DATA * (Required if Part of the Registered Owner) AND LIST OF DEPENDENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Last Name:    |              | First Name:                                                                     | Middle Name:                                         |
| Birthdate (mm/dd/yy):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Profession:   |              | Nationality:                                                                    | ACR No. (if foreigner):                              |
| Dependents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1             | 3            | 5                                                                               |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2             | 4            | 6                                                                               |                                                      |
| CONTRACT / AUTHORIZATION DETAILS (For Tenants and Guests only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              |                                                                                 |                                                      |
| Contract /Authorization ends on: _____ (Attach the document)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |              | Parking Slot included: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                      |
| PERSONS STAYING IN THE UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |              |                                                                                 |                                                      |
| Name*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gender*       | Birthdate    | Relation*                                                                       | Will Need Assistance During Emergencies (Yes or No)* |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
| PLEASE NOTIFY IN CASE OF EMERGENCY* (not living in the property)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |              |                                                                                 |                                                      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | Relation     | Contact Number                                                                  |                                                      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
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| <b>Note:</b> (*) are required information. Community-related updates, Statement of Accounts and other official communications shall be sent to the registered mobile numbers and email addresses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
| RESIDENT’S AUTHORIZATION TO ACCESS THE UNIT DURING EMERGENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              |                                                                                 |                                                      |
| I hereby authorize the Board of Directors of the [Name of Property’s Condo Corp.], and/or the Ayala Property Management Corporation, through their authorized personnel, to enter my unit/property, by any means necessary, to prevent the spread of damage to the common areas or other units during an emergency such as fire, flooding and other life-threatening situations. I also hereby give my authorization to have my unit/property accessed by such authorized personnel, three (3) days after a notice was sent to my last known mailing address or to my email address, in the event that there is a situation inside my unit/property that has a potential to compromise the life, safety and health of other building occupants or neighbors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |              |                                                                                 |                                                      |
| I hold the Board of Directors of the [Name of Property’s Condo Corp.] and Ayala Property Management Corporation and their directors, officers, and authorized personnel, free and harmless from any and all loss, claim, injury, damage or liability I may sustain or incur in relation to the access to my unit during emergencies and life-threatening situations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |              |                                                                                 |                                                      |
| CERTIFICATION, DATA PRIVACY CONSENT and UNIT ACCESS AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                                                                                 |                                                      |
| I certify that I am the person named on this form and that the data/information I have provided is true and correct. I hereby give my full consent to Ayala Property Management Corporation (APMC) and to [Name of Property’s Condo Corp.], to collect, record, organize, store, update, use, consolidate, block, erase or otherwise process information, whether personal, sensitive or privileged, pertaining to myself which will be used for the purpose of identity verification, processing compliance with the [Name of Property’s Condo Corp.] House Rules and Master Deed with Deed of Restriction, sending property-related announcements and notices, billing statements, reminder and demand letters for association dues, water dues, and other assessments, providing relevant product and promotional information, sending surveys or feedback forms for the improvement of property management services, and for other purposes referred to in the Data Privacy Policy of Ayala Land Inc. and its subsidiaries (“Ayala Group”) including but not limited to the [Name of the Developer] and Amicassa Process Solutions, Inc. In this connection, I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of Ayala Group as reflected in the APMC’s Data Privacy Policy at <a href="https://www.ayalaproperty.com.ph/privacy-policy/">https://www.ayalaproperty.com.ph/privacy-policy/</a> and I hereby express my full conformity thereto. I certify and warrant that I have secured the consent of those individuals whose personal data I submitted through this Form. |               |              |                                                                                 |                                                      |

Signature over Printed Name by Owner / Authorized Representative

Date

Specimen Initial Signature: \_\_\_\_\_