



RESERVATION FORM

Date of Reservation: _____ Expiration Date: _____

A. Buyer Information

Name : _____
Address : _____
Contact Number/s : _____
Represented by : _____

B. Property Information

ROPA ID / Property No. : _____
Property Location : _____
Mode of Payment : _____
Gross Selling Price : _____
Less: Discount (%) : _____
Net Selling Price : _____

I/We hereby acknowledge that I/We have been informed by the Fund that the **RESERVATION FEE** for this property is **NON-TRANSFERRABLE / NON-REFUNDABLE** and that it is valid for **THIRTY (30) DAYS** from date of reservation is made and in the event of non-compliance with the requirements, my/our reservation is deemed **CANCELLED** without the need to be notified.

Signature

TO BE FILLED OUT BY Pag-IBIG FUND

Received by: _____
(Signature Over Printed Name)

Date: _____
Time: _____



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