

RESIDENT INFORMATION SHEET

Owner Tenant Authorized Occupant

Note: (*) are required information. Community-related updates, Statement of Accounts and other official communications shall be sent to the registered mobile numbers and email addresses.

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.*: □□□-□□□□-□□□-000	

CONTACT DETAILS

Mobile Numbers*:	1	E-mail Add*:	
	2	Phone:	
Mailing / Business Address*:			

SPOUSE'S DATA 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
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PERSONS STAYING IN THE UNIT

Name*	Gender*	Birthdate	Relation*	Will Need Assistance During Emergencies (Yes or No)*
1				
2				
3				
4				
5				
6				

PLEASE NOTIFY IN CASE OF EMERGENCY* (not living in the property)

Name	Relation	Contact Number
1		
2		

AUTHORIZATION TO ACCESS THE UNIT DURING EMERGENCIES

I hereby authorize the Board of Directors of The Neighborhoods at Anvaya Cove Homeowners' Association, Inc. (NHOAI) 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 Neighborhoods at Anvaya Cove Homeowners' Association, Inc. (NHOAI) 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 and DATA PRIVACY CONSENT

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 The Neighborhoods at Anvaya Cove Homeowners' Association, Inc. (NHOAI), 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 The Neighborhoods at Anvaya Cove Homeowners' Association, Inc. (NHOAI) 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").

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 <https://www.ayalaproperty.com.ph/privacy-policy/> 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:	Specimen Initial Signature:	Date:
_____	_____	_____
Owner or Authorized Representative	Owner or Authorized Representative	