



**SURVEY QUESTIONNAIRE**

<b>How did you know about the project or the company?</b> <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Brokers/Sales Agents <input type="checkbox"/> Referred by Someone <input type="checkbox"/> Billboard/Directional Signage <input type="checkbox"/> Brochure/Flyer/Leaflet <input type="checkbox"/> Newspaper/Magazine Print Ad <input type="checkbox"/> Direct Mail <input type="checkbox"/> Internet/Website <input type="checkbox"/> Exhibits <input type="checkbox"/> Open House <input type="checkbox"/> My Own Initiative	<b>Who was the primary decision maker in purchasing this property?</b> <input type="checkbox"/> Myself <input type="checkbox"/> Husband/ Wife <input type="checkbox"/> Children <input type="checkbox"/> Others _____ <b>How do you or your family spend your free time?</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Malling/Shopping</td> <td>Where:</td> <td></td> </tr> <tr> <td>Eating Out</td> <td>Where:</td> <td></td> </tr> <tr> <td>Reading Newspapers &amp; Magazines</td> <td>What:</td> <td></td> </tr> <tr> <td>Watching Television</td> <td>Favorite TV Shows/Channel:</td> <td></td> </tr> <tr> <td>Surfing the Internet</td> <td>Frequently Visited Websites</td> <td></td> </tr> <tr> <td>Vacation/ Out of Town Trips</td> <td>Where:</td> <td></td> </tr> <tr> <td>Sports</td> <td>What:</td> <td></td> </tr> </table> <b>Organizations that you are a member of:</b>  	Malling/Shopping	Where:		Eating Out	Where:		Reading Newspapers & Magazines	What:		Watching Television	Favorite TV Shows/Channel:		Surfing the Internet	Frequently Visited Websites		Vacation/ Out of Town Trips	Where:		Sports	What:			
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<b>What are the factors that you considered in buying this property?</b> <small>(Please rank the items from 1-10)</small> ___ Location ___ Amenities ___ Price ___ Payment Terms ___ Developer's Reputation ___ Ready for Occupancy ___ Security ___ Safety ___ House Design/ Concept ___ Property Management	<b>What is your main purpose of buying?</b> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Retirement Home <input type="checkbox"/> for Children Studying in Cebu <input type="checkbox"/> Investment (Buy and Sell) <input type="checkbox"/> Investment (for Lease) <input type="checkbox"/> for Family in the Philippines <input type="checkbox"/> Gift to Children/ Gift to Someone <input type="checkbox"/> Others _____ _____ _____	<b>Do you intend to purchase a property in the next five years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>What type of property would it be?</b> <input type="checkbox"/> Lot only <input type="checkbox"/> House and Lot <input type="checkbox"/> Condominium <input type="checkbox"/> Commercial Property <input type="checkbox"/> Others Preferred Location <input style="width:150px;" type="text"/> Preferred Price <input style="width:100px;" type="text"/> <b>To whom will you refer our projects?</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name</th> <th>Contact Number/ Email Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Contact Number/ Email Address																				
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The person/s to sign the contract is/are:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of the recipient for social communications: \_\_\_\_\_  
 Address: \_\_\_\_\_

**REMARKS AND RECOMMENDATIONS**


This is to certify that the information entered herein are true and correct to the best of my knowledge and belief. Any information declared herein and found to be false shall be a ground for AboitizLand to disapprove my real estate loan application. Done this on \_\_\_\_\_ at \_\_\_\_\_.

_____ <b>PRINCIPAL</b> <small>Signature Over Printed Name</small>	_____ <b>SPOUSE</b> <small>Signature Over Printed Name</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Verified by:</b></td> </tr> <tr> <td style="width:50%; height: 50px;"> </td> <td style="width:50%;"> </td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><small>Signature Over Printed Name</small></td> <td style="text-align: center;"><small>Date</small></td> </tr> </table>	<b>Verified by:</b>				_____	_____	<small>Signature Over Printed Name</small>	<small>Date</small>
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_____	_____									
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