

Rank

OFFER TO PURCHASE

_____ Date

To: **Pag-IBIG FUND COMMITTEE ON DISPOSITION OF ACQUIRED ASSETS**

Relative to the sale of Pag-IBIG Fund acquired assets under Negotiated Sale with Publication Batch No. _____, I/We hereby submit my/our offer to purchase the property/ies as described below subject to the terms and conditions of the Omnibus Guidelines Implementing the Sale of Pag-IBIG Fund Acquired Assets Program:

1. Mode of Sale: Retail Sale Bulk Sale Group Sale

2. Location of the Property (if multiple properties, please attach list of properties to purchase):

_____ Property Number: _____

3. Minimum Selling Price: _____ (P_____)

4. **Offered Price (must be equal to or higher than the Minimum Gross Selling Price):** _____ (P_____)

5. Mode Payment: Cash (to pay within 30 days from signing of Deed of Conditional Sale)
 Short Term Installment (to pay within _____ months) (maximum of 12 months)

Notes: For group sale, the mode of payment per employee/member shall be indicated on the List to be attached.

I/We certify that the information/statement indicated herein is to my/our knowledge, true, correct, complete and updated and I/We investigate and inspect the said property/ies before tendering this offer to purchase. The signature appearing below is genuine. Further, I/We hereby agree of the following:

1) to purchase the property/ies on "**As Is, Where Is**" basis on which I/we accept the physical condition of the property/ies including whether it is occupied or not;

2) to hold Pag-IBIG Fund free and harmless from liabilities of whatever kind and nature arising out of any legal claims which may be filed by third persons involving the property/ies;

3) that Pag-IBIG Fund has no commitment and makes no guaranty to approve the offer, as it is understood to be subject to final approval by Pag-IBIG Fund's approving authorities.

4) that should my/our application be approved, notarial and all other fees pertaining to the purchase of the property/ies shall be for my/our account.

Further, I/we hereby agree and consent to the collection, generation, use, processing, storage and retention of my/our personal information for the purpose/s of acquiring a Pag-IBIG Fund acquired asset/s including the posting of my/our name/s in the Pag-IBIG Fund website in case I/we win on the negotiated sale. I/we understand that my/our personal information will be shared with other government agencies and to third parties as may be necessary, for the use of which shall be governed by the Republic Act No. 10173 also known as the "Data Privacy Act of 2012" and its implementing rules and regulations, I/we promise to notify Pag-IBIG Fund should there be any amendment or changes in my/our personal information indicated herein.

SIGNATURE OF OFFEROR
OVER PRINTED NAME

SIGNATURE OF AUTHORIZED
REPRESENTATIVE OVER PRINTED NAME
(IF ANY)

DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

Company/Organization Information (Please write in BLOCK LETTERS):

NAME OF COMPANY/ORGANIZATION		DATE ESTABLISHED <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>										m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y												
TRADE NAME (IF ANY)		DATE OF INITIAL OPERATION <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>										m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y												
TYPE OF ORGANIZATION <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Others <input type="checkbox"/> Partnership <input type="checkbox"/> Local Government Unit (LGU) <input type="checkbox"/> Association _____		CONTACT DETAILS <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. Cellphone No. <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																	
NATURE OF BUSINESS	NO. OF YEARS IN BUSINESS	<table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																	
Pag-IBIG EMPLOYER NO.	TAX IDENTIFICATION NUMBER (TIN)	Telephone No. <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																	
OFFICE ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. or House No. Street Name</i>		Email Address <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																	
<i>Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code</i>																			
NAME OF KEY OFFICERS (Please attach separate sheet if necessary)		Pag-IBIG MID NUMBER/RTN	POSITION																
NAME OF AFFILIATED COMPANIES & RELATED BUSINESSES <i>(Please attach separate sheet if necessary)</i>		OFFICE ADDRESS	NATURE OF BUSINESS																

Authorized Representative Information (Please write in BLOCK LETTERS):

(Note: Authorized Representatives must be armed with an SPA / Secretary's Certificate when transacting with Pag-IBIG Fund)

NAME OF AUTHORIZED REPRESENTATIVE <i>Last Name First Name Name Extension (e.g. Jr., III) Middle Name Maiden Name</i>					DATE OF BIRTH <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>											m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y																
FORMER OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No	Pag-IBIG MEMBER <input type="checkbox"/> Yes <input type="checkbox"/> No	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		CITIZENSHIP																		
Pag-IBIG MID NUMBER/RTN	SSS/GSIS ID NO.	TAXPAYERS ID NO. (TIN)	COMMON REFERENCE NO. (CRN)																				
PERMANENT HOME ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. or House No. Street Name</i>					CONTACT DETAILS <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. Cellphone No. <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																		
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PRESENT HOME ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. or House No. Street Name</i>					Home Tel. No. <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																		
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EMPLOYER/BUSINESS NAME					Personal Email Address <table style="width:100%; text-align:center;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table>																		
EMPLOYER/BUSINESS ADDRESS <i>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. or House No. Street Name</i>					PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address																		
<i>Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code</i>																							

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

Reviewed by	Date	Remarks
Noted by Committee on Disposition of Acquired Assets		