



**UNIT OWNER'S INFORMATION SHEET**

Unit No.: \_\_\_\_\_ Parking Slot No.: \_\_\_\_\_

**1. Information**

Name of Registered Owner (Last, First, M.I.)				
Nickname:	Birthday (mm/dd/yy):	Age:	Nationality:	Civil Status:
Landline Number:	Mobile Number:	E-mail Address:		
Company Name:		Company Address:		
Primary Address:		Landline Number:		
Secondary Address:		Landline Number:		
Name of Spouse (Last, First, M.I.)				
Nickname:	Birthday (mm/dd/yy):	Age:	Nationality:	Contact No. / Email
Preferred E-mail Address for Billing of Association Dues, Water and other charges or fees it not to the unit:				

**2. Document Required for Unit Owner:**

Condominium Unit	Remarks
Deed of Absolute Sale/Title	
Contract to Sell	
Parking Slot	Remarks
Parking Slot Deed of Absolute Sale/Title	
Parking Slot Contract to Sell	

**3. Name of Relatives/authorized residents living in the unit:**

Name	Nickname	Age	Relation	Need special assistance? If yes, please include assistance needed.

**4. Name of Domestic Helpers/Drivers:**

Name	Nickname	Position	Stay-In (Yes/No)

**5. Registered Vehicles: Please provide copy of Certificate of Registration for each vehicle.**

Vehicle Type	Brand/Model	Color	Plate Number

**6. Pet Information: One toy dog shall be allowed as pet dog within Two Serendra.**

Name	Breed	Color	Date Vaccinated

**7. Contact person(s) in case of emergency : Contact person should be someone who does not live in the building.**

Name	Relation	Telephone Number	Mobile Number

**8. Specimen Signature**

• Signatures(s) allowed to sign the building permits.

WORK PERMIT ( 1 day work such as cleaning and installation of furniture MATERIALS / EQUIPMENT GATE PASS FORM ( DELIVERY)

Signature 1	Signature 3
Signature 2	Signature 4

**9. Special instruction**


*I/We received and understood the Salient Points of the Two Serendra House Rules and Regulations and shall abide by it. I/We understand that the Building Administration shall only recognize information provided in the Resident Information Sheet. By my signature, I, as the unit owner, warrants that all information provided herein are true and accurate in all respects and undertakes to inform the Two Serendra Administration Office of any changes thereto especially in the case of the preferred billing address within thirty (30) days thereof. Any delay caused by the failure of the unit owner to so inform the Two Serendra Administration Office of any such changes shall be for my account. I/we likewise authorize Two Serendra Administration to share the above information for legitimate administration purposes, including but not limited to accounting, finance, concierge, and housekeeping.*

Registered Owner's Signature Over Printed Name \_\_\_\_\_

*The information contained in this form is confidential and shall be used exclusively for the above-stated purposes. Under no circumstance shall Two Serendra/SCC be liable for any illegal or unauthorized use of the information contained herein.*