



HIMLAYANG PILIPINO, INCORPORATED

Alay sa Diwang Pilipino

Park Site: Tandang Sora, Quezon City
 Developer and Manager of Himlayang Pilipino Memorial Park
 Triumph Building, 1610 Quezon Avenue, Quezon City
 Tel. Nos.: 927-9671 to 75 929-6611 to 12
 Fax No.: 926-7328
 Email address: hpihppi@info.com.ph

OFFER TO PURCHASE

No

I, the undersigned applicant, herein referred to as the PURCHASER, offer to purchase from HIMLAYANG PILIPINO, INC., herein referred to as HIMLAYAN, a memorial lot in accordance with the terms and conditions of your PRE-NEED PURCHASE AGREEMENT (PNPA). The following are the details of my offer:

1. PERSONAL CIRCUMSTANCES

LAST NAME		FIRST NAME		MIDDLE NAME
HOME ADDRESS			TEL. NO.	SEND MAIL TO
BUSINESS ADDRESS			TEL. NO.	<input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> BUS. ADDRESS
CIVIL STATUS	SEX	OCCUPATION		TIN
DATE OF BIRTH	AGE		PLACE OF BIRTH	HEIGHT
WEIGHT				

BENEFICIARY/IES

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

2. INVENTORY DATA

LOT AREA	PAYMENT SCHEME	EFFECTIVITY	AGRT. NO.		
TYPE OF INVENTORY		<input type="checkbox"/> INSURABLE	<input type="checkbox"/> NON-INSURABLE		
LOT PRICE P		1. CASH	<input type="checkbox"/> SPOT CASH	<input type="checkbox"/> 30 DAYS	
PERPETUAL CARE		2. INSTALLMENT	<input type="checkbox"/> FULL DOWN PAYMENT	<input type="checkbox"/> 2-SPLIT	<input type="checkbox"/> 4-SPLIT
PRE-NEED PRICE P	TERMS OF PAYMENT	3. AT-NEED	<input type="checkbox"/> AN/FD	<input type="checkbox"/> AN/CASH	
		<input type="checkbox"/> 1 YR.	<input type="checkbox"/> 2 YRS.	<input type="checkbox"/> 3 YRS.	<input type="checkbox"/> 4 YRS.
E-VAT	S.I. NO.	AMOUNT	DATE		
TOTAL P					
DOWN PAYMENT P					
INSTALLMENT P					
FOR CASH SALES DISCOUNTED PRICE P					

3. HEALTH DECLARATION

I represent and declare that:

- I am below 65 years;
- I possess sound health and am able to perform the normal activities of my profession; and,
- I have not consulted any physician for heart condition, high blood pressure, cancer, diabetes, lung or kidney diseases or any other physical impairment not mentioned above nor have I been treated or confined in a hospital or clinic nor received any medical or surgical attention. The only exceptions are: (State "NONE" if there are no exceptions.)

I hereby authorize any physician, clinic or hospital where I have been treated or confined, to disclose and provide the Himlayang Pilipino, Incorporated or its duly authorized representative, the medical or clinical findings relative to my treatment or confinement when necessary.

4. ENDORSEMENT

I understand and agree that Himlayan shall waive the payment of the remaining balance of all my accounts from all my Pre-Need Purchase Agreements with Himlayang Pilipino, Inc. up to the extent of P 20,000.00 in the event of my death during the paying period and prior to my reaching age 70, provided that my account is current, necessary proof of death is submitted to Himlayan within one (1) year from date of death, and my application is approved to be eligible for this benefit.

In addition, I understand and agree that the waiver on the balance due is dependent on the truth of my representations above.

Finally, I declare that:

- I have read all of the above and I agree that the same shall form an integral part of the Pre-Need Purchase Agreement.
- I have inspected the above-mentioned inventory and found everything satisfactory.
- The data above were written by me or under my direction.

SIGNED on this _____ day of _____ at _____

WITNESS _____
 COUNSELOR'S SIGNATURE

APPLICANT'S SIGNATURE

COUNSELOR'S NAME	CODE
AGENCY	UNIT
TRIPPED BY:	