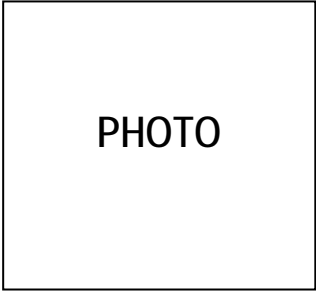




BUILDING 5400, M.A. ROXAS HIGWAY, CLARK FREEPORT ZONE, PHILIPPINES 2023  
 TELEPHONE NO.: (+63 45) 49-WIDUS; FAX NO.: (+63 45) 499-0762



## BROKER'S INFORMATION SHEET

CONTROL NO: \_\_\_\_\_

1. Last Name		2. First Name	
3. Middle Name		4. Mailing Address	
5. City	6. Zip Code	7. Country	8. Email Address
9. Home Phone	10. Mobile Phone	11. Gender	
12. Present Address		13. Zip Code	14. City
15. Civil Status	16. Birth date	17. Mother's Maiden Name	

I declare the above information and the information indicated in the documents I submitted to be true, correct and updated. I further declare that the documents I submitted are genuine and duly executed. I authorize Widus International Leisure, Inc. to verify and investigate the information from whatever sources it may consider appropriate. I understand that falsifying any of the information on the submitted documents is sufficient ground for legal action.

Signature of Broker	Date
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TO BE ACCOMPLISHED BY WIDUS VACATION CLUB	
ID Presented:	Name of Company
Processed by:	Approved By:
Printed Name and Signature	Printed Name and Signature