ANVAYA COVE
The Neighborhoods at Anvaya Cove Homeowners Association, Inc.

1"x1"
PHOTO HERE

HOUSEHOLD STAFF INFORMATION SHEET

I. PERTINENT DATA

Name* (Last Name, First Name, Middle Name)

Present Home Address*

Provincial Address*				Birthdate* (mm/dd/yyyy)
Civil Status*	Gender*	Height	Weight	Birthplace
Person with Disability (PWD) Yes ☐ No ☐			Type of Disability (If applicable)	

II. CONTACT DETAILS

Mobile Number		Stay-in ☐	Leave-out ☐	Day-Off ☐
E-mail Address		Part-time ☐	Full-Time ☐	Schedule ☐

III. SPOUSE'S DATA AND DEPENDENTS

☐ Mr. ☐ Mrs.	Last Name*	First Name*	Middle Name*
Contact No.*	Do you have a Service?* Yes ☐ No ☐ Type of Service: ☐	Are you working with your spouse under the same employer and residence?*	Yes ☐ No ☐ If Yes, what is his/her designation? ☐
Do you have a dependent/child staying in the house? * Yes ☐ No ☐		Name of Child (1)* Age of Child (1)*	Name of Child (2)* Age of Child (2)*

IV. PRINCIPAL EMPLOYER

Name of Principal Employer*	Property Address (Anvaya Cove)*

V. PART TIME JOB/S (if any)*

Name of Part Time Employer/s	Property Address	Part Time Job	Part Timer Since
1			
2			
3			
4			
5			

VI. PERSON TO CONTACT IN CASE OF EMERGENCY*

Name	Relationship	Contact Number
1		

Note: *(*) are required information.*

VIII. CERTIFICATION AND DATA PRIVACY CONSENT

I certify that I am the person named on this form and that the data/information I have provided is true and correct. I hereby give my full consent to Ayala Property Management Corporation (APMC) and to The Neighborhoods at Anvaya Cove Homeowners Association, Inc., to collect, record, organize, store, update, use, consolidate, block, erase or otherwise process information, whether personal, sensitive or privileged, pertaining to myself which will be used for the purpose of identity verification, processing compliance with the House Rules, sending property-related announcements and notices.

In this connection, I acknowledge that I have read, understood and/or have been duly informed of the terms and conditions pertaining to the data privacy practices of The Neighborhoods at Anvaya Cove Homeowners Association, Inc. and I hereby express my full conformity thereto. I certify and warrant that I have secured the consent of those individuals whose personal data I submitted through this Form.

_____ _____

Signature over Printed Name (Household Staff) Date

Conforme:

_____ _____

Signature over Printed Name (Employer) Date