

Fecha:Grupo CR:Asistencia:Inmobiliaria:Representante:

CLIENT INFORMATION				
Name:	Last name:	I.D / Passpo	rt Number:	Nationality:
Company Name:	Address:		Cell Phone	e: WhatsApp 🗆
Profession:			Email:	
SPOUSE INFORMATION (Included in the document D)				
Name:	Last name:	I.D / Passpo	rt Number:	Nationality:
Company Name:	Address:	l	Cell Phone	e: WhatsApp 🗆
Profession:			Email:	
PROMISE DOCUMENT				
Unit of Interest		Payment Plan		
Proyecto		0		Standard
Unidad		0.2.0		Advanced Others
Metraje	Droforrod			
US\$	⊐Jacuzzi Preferred ⊐Locker languages: ⊐Furniture	□ Spanish □ French □ English	ItalianPortugRussiar	
Detail or payment plan agreement:				
	0			