



OFFER TO PURCHASE FORM

MLS#

REALTORS® Association of Jamaica



This offer is made this _____ day of _____ / 20____ by Selling Agency: HoShing Realtors & Associates

On behalf of purchaser(s) listed below, and/or nominee(s), and is **subject to a formal contract being executed by the parties.**

PROPERTY INFORMATION

Property Address _____

Legal Property Description _____ Volume _____ Folio _____

Encumbrances **NONE EXCEPT RESTRICTIVE COVENANTS NOTED ON TITLE, IF ANY.**

PURCHASER'S INFORMATION

Primary Purchaser's Name _____ TRN _____

Primary Purchaser's Address _____

Primary Purchaser's Occupation _____ Company _____

Secondary Purchaser's Name _____ TRN _____

Secondary Purchaser's Address _____

Secondary Purchaser's Occupation _____ Company _____

Purchase Price _____

Payment Terms _____

Deposit _____

Earnest Deposit _____

Conditions _____

Completion _____

Possession _____

Water, Ins., Taxes, Rents **TO BE APPORTIONED TO THE DATE OF POSSESSION**

Title **REGISTERED**

Cost of Transfer **TRANSFER TO BE BORNE BY VENDOR. STAMP DUTY AND RECORDING FEES TO BE DIVIDED**

EQUALLY BETWEEN THE VENDOR AND PURCHASER.

Purchaser's Attorney _____

Company _____

Address _____

Telephone _____ Fax _____ Email _____

Primary Purchaser's Signature _____ Secondary Purchaser's Signature _____

Selling Agent's name and ID# _____ Date Submitted _____

Selling Broker's Signature _____ This offer will expire on ____/____/20____ at 11:59 p.m.
mm dd yy

VENDOR'S INFORMATION

Primary Vendor's Name _____ TRN _____

Primary Vendor's Address _____

Secondary Vendor's Name _____ TRN _____

Secondary Vendor's Address _____

Vendor's Attorney _____

Company _____

Address _____

Telephone _____ Fax _____ Email _____

Brokerage **VENDOR WILL PAY BROKERAGE FEE OF _____ % OR (\$ _____) OF PURCHASE PRICE PLUS GCT AT THE PREVAILING**

RATE (\$ _____) TO LISTING BROKER: _____

Listing Agent's name and ID# _____

Listing Broker's Signature _____ Date Presented _____

ACCEPTED

Primary Seller's Signature _____ Date _____

Secondary Seller's Signature _____ Date _____

REJECTED WITHOUT COUNTER OFFER WITH COUNTER OFFER

Primary Seller's Signature _____ Date _____

Secondary Seller's Signature _____ Date _____

COUNTER OFFER ACCEPTED REJECTED WITH COUNTER OFFER

Primary Purchaser's Signature _____ Date _____

Secondary Purchaser's Signature _____ Date _____



**Customer Information Form
Individual**

Dear Customer,

We are required by law to collect and maintain your most current information. We therefore ask that you complete and return this form so that your records can be updated accordingly.

Surname		First Name		Middle Name	
Other Names (including aliases)					
Mother's Maiden Name					
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>					
Date of Birth		Place of Birth		Nationality	
Home Address			Mailing Address (if different from home address)		
Telephone Numbers		Home	Mobile	Work	
Email Address					
Occupation ('businessman/ businesswoman or self-employed' is not acceptable)					
Nature of Business (if self- employed)					
Name of Employer/ Business			Address of Employer/Business		
			Telephone Numbers		Fax:
Identification Type: (DL, PP, Nat ID, Other)			ID Number:		
			Expiration Date:		
Source of Funds					

Tax Registration Number (if driver's licence is not being used)

Have you or any relative or close associate been entrusted with prominent public functions (e.g. Member of Parliament, Senate or Mayor, Senior Government Official, Judiciary, Security Forces) Yes No

If Yes, state the type of public office:

Address:

If Yes to the above give the name and address of spouse and children

Name of Spouse* _____ Address of Spouse _____

Name of Child _____ Address of Child _____

Name of Child _____ Address of Child _____

Name of Child _____ Address of Child _____

*Spouse includes common law husband or wife

Client's Signature _____ Date _____

****this section is only applicable if an agent is completing the form on behalf of the client**

Agent's Last Name

Agent's First Name

Agent's Middle Name:

Agent's Address:

Date of Birth:

Nationality:

Identification Type & Number: (DL, PP, Nat ID, Other) state

Tax Registration Number:

I declare that the information given above is correct to the best of my knowledge and belief and any misrepresentation can void the application.

Agent's Signature _____ Date: _____

I declare that the information given above has been verified by original documents to ensure the veracity of the information given

Signature of CSR/Compliance

Date

NB: The following documents are require for processing of your transaction

- Power of Attorney or a letter duly notarised (where application submitted by an agent).
- Proof of Address
- Picture identification (customer and agent, where applicable)
- TRN (if a driver's licence is not being used)