MAKATI CENTRAL ESTATE ASSOCIATION, INC.

MaCEA Building, Legazpi cor. V. A. Rufino Sts., Legazpi Village, Makati City
Tel. No.: 81-MaCEA (62232), 752-7929, 753-5004, 753-5006 and 753-5012
Email:macea@macea.com.ph

November 22, 2021

MEMORANDUM CIRCULAR 2021-07

TO: **ALL MEMBERS**

SUBJECT: MEMBER INFORMATION UPDATE

In line with MACEA records and contacts update, we would to request from our member to submit the following:

1. Accomplished Member Information Sheet (MIS)
2. Certificate of Registration

Kindly ensure completeness and correctness of the submitted MIS including the contact details.

Please submit requirements either at MACEA office located at Macea Bldg. Legazpi St. Barangay San Lorenzo Makati City or via email at macea@macea.com.ph on or before December 05, 2021.

Thank you for your usual cooperation.

Very truly yours,

JONATHAN C. DAVID
General Manager

MAKATI CENTRAL ESTATE ASSOCIATION, INC.

MaCEA Building, Legazpi cor. V. A. Rufino Sts., Legazpi Village, Makati City
Tel. No.: 81-MaCEA (62232), 0917-1111548, 7752-7929, 7753-5004, 7753-5006 & 7753-5012
Email: macea@macea.com.ph

MEMBER INFORMATION SHEET

1. Accomplish this form using BLACK INK only
2. Type or write all entries in **BLOCK or CAPITAL LETTERS**
3. All fields marked with asterisk (*) are mandatory
4. Please ensure to complete the form, for those not applicable indicate N/A
5. For any subsequent change of information, you need to fill up and submit to MACEA along with other requirements

** Additional requirement for:*

A) Change of ownership- SEC registration, BIR Form 2303, letter on change of ownership and proof of change of ownership change of ownership

B) Update of Billing details - SEC registration, BIR Certificate of Registration and letter of request for the udpate of details

C) Other changes- Requirements which MACEA might request after submission of Information sheet

BASIC DETAILS			
*Lot Owner		*Blk	*Lot
*Complete Address			
*Tax Identification Number			
*Telephone/Cellphone Number		*Official email address	
*Representative Name to MACEA		*Representative Position	
*BUILDING NAME			
*Building Owner		*Blk	*Lot
*Complete Address			
*Tax Identification Number			
*Telephone/Cellphone Number		*Official email address	
*Representative Name to MACEA		*Representative Position	

BUILDING ADMINISTRATOR CONTACT DETAILS			
*Administrator Name			
*Telephone/Cellphone Number		*Official email address	

HEAD OF SECURITY/ DETACHMENT COMMANDER			
*Administrator Name			
*Telephone/Cellphone Number		*Official email address	

PROPERTY DETAILS			
***Lot Area (sqm)**		***Gross Floor Area (sqm)**	
***No. of Floors**		***Floor Area Ratio (FAR)**	
***Use (Office/ Residential/Oth)**		***Year Completed**	

OCCUPANCY*		
Total Units in Building:	Residential	Office
Occuppied Units in the Building	Residential	Office
No. of Persons in the Building	Residential	Office

CERTIFICATION

I hereby certify that the information given and all statement made herein are true and correct. Likewise I hereby authorize MACEA to collect, record, organize and use our data for the purpose of records update pursuant to the provision of R.A. No. 1073 and its implementing rules and regulations, as may be amended from time to time (the "Data Privacy Act").

Signature of Property Owner or Representative to MACEA

Position:	Date: