



REAL ESTATE REGULATORY AGENCY BUYER'S AGENT AGREEMENT

BRN:	48911		
STR#:			

PART1. THE PARTIES (The Buyer & Agent Agreement)				
A) THE AGENT / BROKER (Block letters only)	B) THE BUYER & BASIS OF APPOINTMENT			
NAME OF ESTABLISHMENT:	BUYER NAME 1 FAMILY NAME:			
G X L PROPERTIES LLC	BUYER NAME 2 FAMILY NAME:			
ADDRESS: BOULEVARD PLAZA, 903 TOWER 1, DUBAI, UAE	ADDRESS:			
OFFICE CONTACT DETAILS:	P.O BOX: CITY:			
PH: +971 54 409 6512 FAX:	COUNTRY: PH:			
EMAIL: info@gxlloyd.com	FAX:MOBILE:			
ORN: 25870 DED LISC: 932 490	EMAIL:			
P.O BOX: 53568	MAILING ADDRESS:			
NAME OF REGISTERED AGENT:	ADDRESS:			
	P.O BOX: CITY:			
NAME: JOSE MARIA GOMEZ ROJO	COUNTRY: PH:			
BRN: 48911 DATE ISSUED: 20/6/2021	FAX:MOBILE:			
MOBILE: +971 54 296 1281	EMAIL:			
EMAIL: jose@gxlloyd.com	BASIS OF THIS APPOINTM <mark>ENT</mark>			
	EXCLUSIVE X S <mark>OLE AGENT SEVERAL AGENTS</mark>			
START DATE OF THIS APPOI <mark>NTMENT://</mark> //	A blank FORM U must be attached to this appointment.			
	END DATE OF THIS APPOINTMENT / / / /			
DECLARATION BY AGENT	DECLARATION BY BUYER			
I shall seek only suitable potential properties as described in Part 2. as per instruction from my client the Buyer/s. I shall abide by the Code	The content herein meets our property requirements, I/We undertake to respond without delay in finalising financing a suitable property			
of Ethics and By-Law No. (85) of 2006 and shall negotiate a Purchase	when located and agreed with a Seller.If termintaing this agreement			
Contract. 7 days , notice shall be given.				
PART 2. THE I	PURCHASE			
OFF PLAN SECONDARY MARKET	Property Deposit Ready? YES NO Finance Required? YES NO			
READY POSSESSION REQUIRED BY (insert mth/yi	Finance Required? YES NO YES NO YES NO			
BUYERS BUDGET	Investment Property?			
VILLA	Owner Occupied Property?			
LAND SIZE BY AREA	Residential YES NO			
BUILDING sq ft to	Commercial? YES ONO			
APARTMENT sq ft	Industrial? YES NO			
TOWNHOUSE BATHROOMS	Is a copy of Buyer passport attached? YES NO			
	Location Areas:			
1 BRM				
PART 3. BUYERS	COMMISSION			
The Buyer agrees to pay the Agent THREE	The Agent agrees not to charge commission to the Buyer if the Agent is			
(In Words) 3 % of purchase price commission upon the execution of the legal binding contract	representing the Seller and has a current FORM A appointment to market the property.			
PART 4. THE SIGNATURES				
THE SIGNATURE - THE AGENT / BROKER	THE SIGNATURE - THE BUYER/S (The Purchasers)			
NAME: JOSE MARIA GOMEZ ROJO	BUYER1:			
Please Print in block letters (Full Name)	SIGNATURE			
SIGNATURE:	BUYER 2: SIGNATURE			
REGISTERED BROKER NO (BRN): 48911	DATE OF SIGNATURE: / /			
// / / / / / / / / / / / / / / / / / /				
This Appointment Agreement must be signed by the Agent with their Broker's Register Number inserted under the Company / Office Stamp over the Agent's signature. The parties acknowledge that this agreement shall be registered in in Agent / Brokers Transaction Register in their office as required under the Real Estate Brokers By-Law No. (85) of 2006.				



REAL ESTATE REGULATORY AGENCY **TERMINATION NOTICE**

FORM U

BRN: <u>48911</u>
STR#: _____

NOTICE OF					
TERMINATION OF AGREEMENT					
This Notice of Termination of agreement is served by					
SELLER	BUYER SELLER'S AGENT BUY	YER'S AGENT LANDLORD TENANT OWNER			
NAME:		<u> </u>			
ADDRESS:	SIGNED:				
- PHONE:	WITNESSEDBY:				
	DATE: //				
EMAIL:					
-		SIGNED:			
NAME:	WITNESSEDBY:				
ADDRESS: -	SS: DATE: .				
PHONE:					
FAX:					
EMAIL:		(All signatori <mark>es to the original</mark> agreement are required)			
		DETAILS OF AGREEMENT			
DATE OF AC	COFFAMENT.	FORM A FORM I			
DATE OF AG	— ' — ' — — ·	FORM A1 FORM F			
	the appropriate b <mark>ox)</mark>	FORM B FORM G			
THIS NOTICE IS	SERVED UPON:	FORM B1 FORM H			
	NAME:	FORM D FORM P1			
ORIGINAL RERA REF NO:		FORM D1 FORM S1			
REASON FOR TERMINATION					
	Agreement terms and conditions shall still apply				
The person named above, is terminating your current contract for the following reason;					
	DATE EFFECTIVE	AGENT (If applicable)			
		NAME OF ESTABLISHMENT:			
ISSUE	DATE: / /	ADDRESS:			
		ADDITESS.			
NOTICE REQU	JIRED: Seven days minimum	OFFICE CONTACT DETAILS:			
FFFFCYIVF:	DATE:/	PH: FAX: EMAIL:			
		BRN: P.O.BOX:			
If sent by fax, registered mail, email, retain a copy of this form or proof of sending - i.e. Any of the following;		NAME OF REGISTERED AGENT:			
a print transmission report from fax, printout from email or proof of forwarding docket from courier.		NAME:			
	-	BRN:			
	person, seek a signature from our copy and retain.	MOBILE:			
,		EMAIL:			