

REFERRAL FORM

A. Particulars of the Client being referred :

Client's Name :

Business Nature :

Address :

Telephone No. : Fax No. :

Contact person : Mr / Mrs / Miss

Office Type Required : Serviced Office Virtual Office

Estimated Start Date :

Additional Information :

B. This referral is submitted by :

Company Name (Referrer) :

Address :

Telephone No. : Fax No. :

Email Address :

Contact person : Mr / Mrs / Miss

Telephone No. (Direct Line) : Mobile No. :

Email Address :

Signed by Referrer : _____

Date :

Notes :

- By submitting this Referral Form, the Referrer confirms that :-
1. it has read and fully understood the terms and conditions of the Referral Program by BusinessWorld Executive Centre ("BEC") and agrees to be bound by them; and
 2. it further accepts that it shall not be eligible to claim referral fee if the Client's spouse, nominees, organizations, or undisclosed principals or agents or companies or organizations in which the Client possesses a beneficial interest enter into a service agreement with BEC.