

Client Referral Form

For adviser to complete			
Rep Code:			

Note: This Form must be completed and signed by third party referrers/ introducers who are referring or introducing leads to PIAS.

I declare and warrant that the personal data of the individual/s that I am providing to PIAS below:

- (a) is legitimate;
- (b) consent has been obtained from him/ her for me to disclose his/ her personal data to PIAS and for PIAS to collect and use the data:
- (c) is indeed provided by the very individual stated below and the individual has been informed that PIAS will be contacting him/ her by way of voice call, SMS/MMS, facsimile and/ or email for marketing purposes; and
- (d) is accurate and provided with that very individual's consent.

Referrals by Clients to PIAS	Name	Mobile Number	Email Address

I undertake to indemnify and at all times to keep PIAS (together with its respective officers, employees and agents) (each an "**Injured Party**") indemnified against any and all losses, damages, actions, proceedings, costs, claims, demands, liabilities (including full legal costs on a solicitor and own client basis) which may be suffered or incurred by the Injured Party or asserted against the Injured Party by any person or entity whatsoever, in respect of any matter or event whatsoever arising out of, in the course of, by reason of or in respect of any breach of my declaration and warranty above.

Referrer/ Introducer's Signature		•
Full Name (as per NRIC/Passport)	:	
NRIC (Passport No. for foreigner)	:	
Name of Corporate Introducer*	:	
Date *Where applicable	:	

For Internal Use:

Described the DIAG	On	By
Received by PIAS	Date & Time:	Officer: