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| **PSMBFI KABALIKAT REWARDS REFERRAL FORM** | | |
| By accomplishing this form. I, the Kabalikat Referrer, hereby acknowledge that I have read, understood, and agreed to the mechanics, terms, and conditions of the PSMBFI Kabalikat Rewards. | | |
| PSMBFI Kabalikat (Referrer)  Details: | **FULL NAME** | |
| **MOBILE NUMBER** | **EMAIL ADDRESS** |
|  | | |
| I, the undersigned Prospect, confirm that I was referred by the PSMBFI Kabalikat Member listed above as part of PSMBFI Kabalikat Rewards Program. | | |
| Referred Member | **SIGNATURE OVER PRINTED NAME / DATE** | **ACTIVE PHONE NUMBER** |
| *To be filled-up by Marketing Department: CIV: \_\_\_\_ of \_\_\_\_\_\_ | UNI: \_\_\_\_\_\_ of \_\_\_\_\_ CN:\_\_\_\_\_\_* | | |