

Business Expansion Solution Referral Program – Referral Form

Referrer's Details

Company Name/Name in English (Same as printed on HKID Card/Passport/Certificate of Incorporation): _____

Contact No. (Please provide country code if applicable): _____

Please provide your account, which is in company name or sole name or in the capacity as a primary account holder of a joint account, held with the Bank for the registration of the Referral Program.

Current/Savings Account No.: _____

If you do not hold any Current/Savings Account, please provide your Standard Chartered Credit Card No. (Applicable to Personal Banking Client /Priority Banking Client only).

Standard Chartered Credit Card No.: _____

Referrer's Declaration:

By signing this form, I confirm that I have read, understood and agreed to be bound by the Terms and Conditions for Business Expansion Solution Referral Program. I understand and agree that the referral incentive of cash rebate earned from the Referral Program will be credited to my current/savings account/credit card account (as appropriate) in accordance with Clauses 4 and 5 of the enclosed terms and conditions.

Referrer's Signature: _____ Date: _____

Referee's Details

Company Name in English: _____

Referee's Declaration:

I/We understand and agree to join this Referral Program. I/We hereby provide to the Bank the above information and consent to the Bank to contact me/us in relation to this Referral Program. I/We acknowledge and understand that the Referrer may receive the referral incentive upon my/our successful sign up for Business Banking Savings Account and drawdown of the Business Instalment Loan/SME Financing Guarantee Scheme/SME Loan Guarantee Scheme with the Bank.

Director/Sole Proprietor/Partner

Name: _____

Signature: _____ S.V. Date: _____

Note: The above personal data collected will be used for this Referral Program only.

Please ensure all information is filled in properly, and return the referral form to Business Banking Relationship Manager of the Bank for further handling.

For Bank Use Only

The Handling Staff must reiterate to the Referee that he/she has joined the Referral Program. The Handling Staff also confirm that he/she has witnessed the signature of Referee; and is not a relative or spouse/ex-spouse of the referrer.

Sourcing Staff	PSID	
	Signature	
Referrer's Detail	HKID/Passport Number/CI Number	
Referee's Detail	CI Number	