

# NBF Customer Referral Form

## Customer Details

Please enter your contact information in the required fields below.

Customer Name	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Mobile Number (Mandatory)	<input type="text"/>	Customer Email	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>		

## New to Bank Customer Details

Please enter the contact information for the individual you are referring in the fields below.

Customer Name	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Mobile Number (Mandatory)	<input type="text"/>	Customer Email (Not mandatory)	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>		

## Staff Details (For internal use only)

Please enter the contact information for the individual you are referring in the fields below.

Branch	<input type="text"/>	Staff ID	<input type="text"/>
Staff Name	<input type="text"/>	First Name	<input type="text"/>
Staff Mobile No.	<input type="text"/>	Last Name	<input type="text"/>
Segment	<input type="text"/>	Staff Email	<input type="text"/>
Remarks	<input type="text"/>		

Reset Form

Submit Form