



CMB Wing Lung Private Wealth Management Customer Referral Form (“the Referral Form”)

Referrer Disclaimer:

I understand I must provide below information in order to participate in CMB Wing Lung Private Wealth Management Customer Welcome Rewards’ Reward 4: CMB Wing Lung Private Wealth Management Customer Referral Program. I have read and understood the “Notice to Customers relating to the Personal Data (Privacy) Ordinance (“the Ordinance”) of CMB Wing Lung Bank. I understand and agree the Cash Rebate of Reward 4 will be deposited into my account in CMB Wing Lung Bank according to the terms and conditions of this referral program. I have already obtained below referee’s consent before passing below referee’s information to CMB Wing Lung Bank for the purpose of this referral program.

Referrer Information	
Name in Chinese or English: (same as printed on HKID / Passport)	_____
Contact number:	_____
Name of Relationship Manager:	_____
Referrer’s Signature:	_____
	(Signature should be the same as the Bank’s record for checking and verification)
Date:	_____

Referee Information	
Name in Chinese or English :	_____
Contact number :	_____



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Please ensure all information is filled properly and return this Referral Form to CMB Wing Lung Private Wealth Management Centre: 2F, 45 Des Voeux Road Central, Hong Kong or to the Referrer’s Relationship Manager by 31st March 2021.

For Bank Use Only	
Referrer CIF:	_____
Referee CIF:	_____
Relationship Manager Name and Staff number :	_____
Team Head Name and Staff number :	_____
Date :	_____