

Referral Rewards Programme: Participation Form

I would like to participate in the Hong Leong Bank Berhad/Hong Leong Islamic Bank Berhad ("hereinafter collectively referred to as "the Bank") Referral Rewards Programme ("Programme"). I hereby confirm and declare that I have read and understood the Terms and Conditions pertaining to this Programme and I agree to be bound by the same.

pertaining to this Programme and I	agree to be bound	by the same.					
*All fields are mandatory							
Name (as per NRIC/Passport)							
New NRIC No							
Correspondence Contact Number	Mobile			Office			
Correspondence Email Address							
Agency Name							
REN Code							
Income Tax Number							
FOR INCENTIVE PAYMENT (HL	_B/HLISB Current/S	savings Account)					
Account Number							
	•						
Declaration							
hereby confirm all information giv	en above is true ar	d complete, and that:					
am a valid registered agent with t	he Board of Valuer	s, Appraisers and Esta	ate Agents Malays	sia AND			
In the event of any changes for the	above information	, I will contact the Bar	nk immediately to	update my info	ormation acco	ordingly.	
Any inaccuracy or misrepresentation expenses incurred by the Bank.	on in the aforesaid	information will waive	all my rights of di	ispute and I w	ill remain liabl	le for all losses	an
have read the Bank's Privacy No public domain, as well as personal may be varied from time to time. I Bank and/or Hong Leong Financial are available upon request or from	data that arises as hereby agree and a Group Berhad gro	a result of my particip authorize the disclosu up of companies for m	pation in the Progra re of my name and parketing and prom	amme will be s d other contac notional purpos	subject to suclet details to co ses. Copies of	th Privacy Notice ompanies withing f the Privacy N	ce a n the lotic
*Privacy Notice shall mean the Bar and prospective individuals and er website or in such manner as the E	ntities dealing with	HLB/HLISB as may b	e amended from				
Participant Agent's Signature Name: Date:							
Document Checklist							
Copy of NRIC							
Copy of Business Card	Janah /						
Print screen from http://www	<u>ippen.gov.my/</u>						
Note: Attack your completed DDD	Portioination Force to	agothor with required de	noumanta abaya	on registration			
Note: Attach your completed RRP I	- articipation Form to	genier wini required do	ocuments above up	on registration			