

REFERRAL FEE DISCLOSURE FORM

Acknowledgment

I/We acknowledge and agree that:

_____ (Broker, associate broker, agent)
representing _____ (Brokerage)

will be receiving a referral fee of _____
as a result of _____

- | | |
|---|--|
| <input type="checkbox"/> sale of property | <input type="checkbox"/> lease of property |
| <input type="checkbox"/> purchase of property | <input type="checkbox"/> approved mortgage |
| <input type="checkbox"/> other _____ | |

Client Referred From:

Broker, associate broker, agent

Brokerage

Address

(postal code)

Phone Fax

Email

Client Referred To:

Address

(postal code)

Phone Fax

Email

Client Information

Client's Name _____

Address _____

(postal code)

Phone Fax Email

Additional Client Information

Please Note: Personal information on this form is confidential and is to be used and disclosed only for the purpose of this referral.

SIGNED at _____, this _____ day of _____.

Signature of Referred Client Witness

Signature of Referred Client Witness