CLIENT REFERRAL

Claim form

EXISTING CLIENT - INFORMATION

Referral Form Date:

Name & Surname: ID:

Email Address: Contact No:

Signature:

PAYMENT INFORMATION

Account Holder:

Bank Name: Branch Name:

Account No: Account Type:

Account Holder Signature:

REFERRED CLIENT - INFORMATION

Name & Surname: _____ ID: _____

Contact No: _____ Email Address : _____

First Payment Due: _____

Disclaimer:

- FinFix referral payment will be made on or before 10 business days after receiving the e-mail notification from referrals@finfix.co.za that the referral is successful.
- The Form 16 (application form) date of the referred person must not be older than 1 month prior to the submission date.
- The submission date must correspond with the date the referral form is received to FinFix.
- Referrals are paid only if the application is deemed successful by FinFix management.
- Referral fees are only paid after the first payment by the referred client has cleared.
- Only forms with the correct information from the existing clients and referred consumer will be accepted.
- A form signed by the existing client and confirmation by the referred consumer will be required to pay the referral fee.
- Referral fees are approved and paid at the full discretion of FinFix management, and any decision made will be final.
- **Completed forms can be sent through to referrals@finfix.co.za**