



## NBF Priority Customer Referral Form

### Customer Details

Please enter your contact information in the required fields below.

Customer Name:	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"/>

### Referred Customer Details

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

Referred Customer Name:	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)

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

[Reset Form](#)[Submit Form](#)