




Referral Partner Program – Referral Advice

 Please send to: Commonwealth Bank Attention

Email Fax

Section 1 – Referrer details

Intermediary, Head group name Referrer's name Referral Partner number

Business name

Contact telephone number Email

Section 2 – Client details

Business name

Contact person name Contact person position CBA client Yes No

Email Contact telephone number Mobile number

Business address

State Postcode

Preferred contact time Morning Afternoon Any Other Preferred day (Monday to Friday)

Section 3 – Products

Commercial Lending

- Business Line of Credit BetterBusiness Loans Overdraft Better Business Bills

Wealth Management and Income Protection

- Life, Trauma, Disability, Keyman and Income Protection Superannuation and Investment

Insurance

- Home Building Motor Vehicle Home Contents

Investment

- Business Online Saver

Investment Loans

- Margin Loans Protected Loans

Risk Management

- Interest Rate SWAP Interest Rate Options

Transaction Products

- Business Credit Cards EFTPOS Facility Business Transaction Account Premium Business Cheque Account

Vehicle and Equipment Finance

Asset type Amount \$

Home Loan

- Home Loan Investment Home Loan **Other needs**

Section 4 – Referral Partner declaration

I DECLARE & CERTIFY to the Bank that on I informed the Customer about the Bank's credit activities and:

- (a) obtained the Customer's consent to be contacted by a Bank Representative within 15 business days;
- (b) disclosed to the Customer the benefits, including commission, which I or an associate of mine may receive from this referral;
- (c) informed the Customer that their personal information may be collected by the Bank to administer its customer relationships and to provide the Customer with any product or service requested, and that information concerning the Bank's privacy policies is available on the Bank's website **www.commbank.com.au** or by phoning **1800 805 605**;
- (d) I have not requested the Customer to pay any fee for this referral;
- (e) I have not engaged in activity for which a credit licence is required under the National Consumer Credit Protection Act 2009;
and
- (f) in making this referral, I have not provided advice, a recommendation, opinion or other statement that would influence the Customer in making a decision about a product or service regulated by Ch. 7 of the Corporations Act 2001.

Referral Partner signature

Date

Section 5 – Bank use only

Date referral received

Customer contacted by Bank on

Outcome (please tick (✓) appropriate box)

The referral did not proceed

The Customer was interviewed in person. Personal, financial and income details were obtained and verified in accordance with Bank policy.

Signature of Bank Representative

Date