## **BPI GOLD MEMBER-GET-MEMBER REFERRAL FORM**

 Date		
Date		
BANK OF THE PHILIPPINE ISLAN		
	Branch	
Re: Participation in BPI Gold M	lember-Get-Member Pron	10
l,	("Primary Client"	), with a current Total Relationship
Balance of ar	nd Average Daily Balance of	, hereby
agree to participate in the Bank ("Promo"):	of the Philippine Islands' ("B	PI") Member-Get-Member Promo
Referrer Details		
Full Name	Contact Number	Email Address
Customer RM Nu	<b>mber <u>(to be filled out by Rel</u>e</b>	ationship Manager)
	<del>-</del>	, , ,
Referral Registration Sheet		
The following are my Referrals fo	or the Promo:	
Full Name	Contact Number	Email Address

By accomplishing the Referral Registration Sheet, I confirm that I have secured the consent/sof the Referrals indicated above for the disclosure of their personal information. I agree to indemnify, defend, and hold harmless BPI, its directors, officers, and employees for any claims, actions, losses, fines, penalties, expenses, suits, or proceedings instituted by any of the persons above arising out of or in connection with the disclosure of their personal information.

By signing this form, I acknowledge to have read, understood, and agreed to be bound by the BPI Member-Get-Member Promo Terms and Conditions. I likewise agree that all personal information of individuals related to me, my transactions, business and credit relationships, accounts or account information or records which are with BPI, made available to BPI or are in possession of BPI or updated from time to time, may be collected, obtained, used, stored, consolidated, processed, profiled, benchmarked, shared to and disclosed, by and between BPI and any member of the BPI Group of Companies, their successors and assigns, and their respective authorized representatives, agents and service provides, for any or all of the purposes described in the Data Privacy Statement published at https://www.bpi.com.ph/privacy and deemed incorporated by reference in this form.

Very truly yours,	
BPI Gold Client:	
	Signature over Printed Name
TO BE FILLED OL	JT BY BPI RELATIONSHIP MANAGER / BRANCH MANAGER
Signature of client verified	by:
	Signature over Printed Name

Referral's Full Name	Referral's 30-Digit Customer RM Number