

**BPI MEMBER-GET-MEMBER REFERRAL FORM**

\_\_\_\_\_  
Date

BANK OF THE PHILIPPINE ISLANDS  
\_\_\_\_\_ Branch

**Re: Participation in BPI Member-Get-Member Promo**

I, \_\_\_\_\_, ("Existing Primary Client"), hereby agree to participate in the Bank of the Philippine Islands' ("BPI") Member-Get-Member Promo ("Promo") and in this connection, I confirm that I/we have fulfilled/shall fulfill the initial condition of the Program as follows:

- 1. I am a NEXT by BPI Preferred / BPI Preferred / BPI Gold client
- 2. Meet the minimum Total Relationship Balance ("TRB") of Php 100,000, Php 1,000,000.00 and Php 5,000,000.00 based on the overall volume in deposits and/or investments with BPI for NEXT by BPI Preferred, BPI Preferred and BPI Gold, respectively.

**Referrer Details**

Full Name	Contact Number	Email Address

**Referral Registration Sheet**

Full Name	Contact Number	Email Address

By accomplishing the Referral Registration Sheet, I confirm that I have secured the consent of the Referrals indicated above.

By signing this form, I/we acknowledge that I/we have read, understood, and agreed to be bound by the BPI Member-Get-Member Promo Terms and Conditions. I/we likewise agree that all personal information of individuals related to me/us, my/our 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 with, 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 providers, 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 Client:

\_\_\_\_\_  
Signature over Printed Name

Signature verified by:

\_\_\_\_\_  
Signature over Printed Name

**----- TO BE FILLED OUT BY BPI RELATIONSHIP MANAGER / BRANCH MANAGER -----**

Referrer 30-Digit RM Number

Referral Full Name	Referrer 30-Digit RM Number