

Customer Referral Form

Please fill out the blanks below.

Referral Date: _____

Referrer (customer who already has an account)

Fill in the blanks below and give the form to the friend or family member you are referring.

Name			Birth Date:	
Address	〒			
Phone Number	()	—	Branch Name	

Submission Date: _____

Referred Person (who will be opening a new account)

Name			Birth Date:	
Address	〒			
Phone Number	()	—		

- It is not possible to open an account using only this form. Please submit this form along with the required account opening application form at SMBC Trust Bank branches.
- Please note that it may not be possible to open an account at the discretion of SMBC Trust Bank.

Deadline: (Fri) March 29, 2019

銀行使用欄

ご紹介者CIF	ご新規CIF						
担当者社員番号	<table border="1"> <tr> <td>日付</td> <td>日付</td> </tr> <tr> <td>SR入力者</td> <td>SR確認者</td> </tr> <tr> <td></td> <td></td> </tr> </table>	日付	日付	SR入力者	SR確認者		
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