

REFERRAL FORM

1. TYPE OF REFERRAL (Select one)

Buyer

Seller

Short-Term Rental

Long-Term Residential Tenant

Other (please specify)

2. YOUR DETAILS

You Are (Select One)

Your First Name

Your Last Name

Internal Team Member

Your Email Address

Your Phone Number

Owner / Resident

External Partner / Agent

Member of the Public

3. LET US KNOW WHO YOU ARE REFERRING

Do you have their consent to share their details (Select One)

Yes

No

4. THEIR DETAILS

Their First Name

Their Last Name

Their Preferred Contact Method

(Select One)

Their Email Address

Their Phone Number

Phone

Email

5. PROPERTY DETAILS (only if known)

Property Address

Building Name

Street Name

Suburb

State

6. CONFIRMATION

I confirm the information provided is accurate to the best of my knowledge.

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