



LEADING THE INVESTMENT PROPERTY INDUSTRY

PROPERTY MANAGEMENT REFERRAL FORM

The form can be completed electronically and ensure all fields in **bold** are completed.

GENERAL DETAILS

Date of Referral

Referrers Name

Referrer Mobile

Referral Company

Client Name

Client Name

Mobile

Mobile

Client Email

Client Email

Client Postal Address

Client Residential Address



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PROPERTY MANAGEMENT REFERRAL FORM

INVESTMENT PROPERTY DETAILS

Details	Property 1	Property 2	Property 3
Type of Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing or Being Built	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES