

REFERRAL FEE CONSENT

(For Use in Common Law and Designated Agency Brokerages)

I/We agree that (Brokerage): Greater Calgary Real Estate

may receive a referral fee or benefit for making the referral as a result of

- sale of property lease of property
- purchase of property approved mortgage
- other _____

Client Referred From:

 Brokerage Representative
 Brokerage _____
 Address _____
 _____ (postal code)
 Phone: _____ Fax: _____
 Email: _____

Client Referred To:

Jonathan Angevine
 Name
Greater Calgary Real Estate
 Company Name
 Address Box 110, 710 - 20 Crowfoot Crescent
Calgary, Alberta T3G 2P6
 (postal code)
 Phone: 403.829.7810 Fax: 403.476.7655
 Email: jon@calgaryregroup.com

CLIENT INFORMATION

Client's Name _____
 Address _____ (postal code)
 Phone: _____ Fax: _____ Email: _____

ADDITIONAL CLIENT INFORMATION

Please Note: Personal information on this form is confidential and is to be used and disclosed only for the purpose of this referral.

SIGNED AND DATED on _____

Signature of Referred Client

Signature of Referred Client

Print Name of Referred Client

Print Name of Referred Client

Signature of Witness

Signature of Witness

Print Name of Witness

Print Name of Witness

