



limtan.com.sg Referral Slip

Name: _____

Trading A/C Number: _____

Contact Number: _____

Email: _____

Name of client(s) Introduced:

1. _____

2. _____

3. _____

Signature: _____

Date: _____

Note: This referral form should be filled by the existing client and returned to us along with the completed set of account application form.