

Kazturi.com



FORM FOR REFERRAL

NAME: _____

COMPANY NAME: _____

DATE: _____

REFERRAL CASE DETAILS:

Name of person you recommend: _____

Company name (if applicable): _____

Software he/she interested in: _____

Date of recommendation: _____

Self implementation / Kazturi's implementation (Please circle your choice)

For official use only:

Date received : _____

Percentage referral entitled: