

Referral Form

Please share your details:

Your name	
Your Mobile Number	
Your email ID	
Your firm's name (If applicable)	
Postal Address for sending gifts	

Please share your referral's details:

Name of the user	
Mobile Number	
Email address	
Name of the firm	
Full postal Address	
How do you know them (Please tick one of them)	Business Associate : <input type="checkbox"/> Personal Friend : <input type="checkbox"/> College mate : <input type="checkbox"/> Others : _____ (Please specify)

TCl assures that all information provided will be maintained confidential.

(All fields are mandatory*)

Make sure we let customers submit the form only after entering all the details.