



Debt Warriors Referral Consent Form

This document authorizes Debt Warriors to contact the referred client for the purpose of debt counselling and debt review services. It also records the agreement that the referrer will receive commission only if the client has provided informed consent and successfully completes the restructuring process.

- Please complete all fields clearly and ensure both parties sign below.

Section 1: Client Consent

I, the undersigned, hereby grant Debt Warriors permission to contact me regarding debt counselling services.

Full Name of Client: _____

Contact Number: _____

Email Address: _____

Signature of Client: _____ Date: _____

Section 2: Referrer Details

This section must be completed by the person referring to the client. Please ensure that the client has been informed about this referral and has given prior consent.

Referrer Name & Surname: _____

Contact Number: _____

Email Address: _____

Did the client consent to be contacted by Debt Warriors? (Yes/No): _____

Signature of Referrer: _____ Date: _____

Section 3: Commission Terms

Debt Warriors agrees to pay 50% of the restructuring fee earned from the referred client, provided that:

- The client has signed this consent form and given permission to be contacted.
- The client has successfully completed the debt restructuring process and fully paid the fees to Debt Warriors.
- The referrer understands that they will not receive commission if the client is unaware or did not provide consent.
- This form serves to protect Debt Warriors under the POPI Act.

Signed at: _____ on this ____ day of _____ 20__

Witness Signature: _____ Date: _____