CIPS REFERRAL FORM

DISCLAIMER: In order to assist members, NAR created this sample Referral Form, which should be modified to fit your particular needs. This document is not intended to be and does not constitute legal or professional advice or a substitute for specific legal or professional advice. The user of this document should not use this document without consulting legal counsel. Neither the National Association of REALTORS® nor its International REALTOR® Member program enters into mediation or arbitration processes.

Date of Referral Agreement: _____

Referring (Source) Broker/Agent

NAME:

COMPANY:

BUSINESS ADDRESS:

BUSINESS CITY:

STATE/REGION/PROVINCE: POSTAL CODE:

COMPANY COUNTRY:

E-MAIL ADDRESS: WEB SITE:

FAX (include country code):

PHONE (include country code):

Receiving Broker/Agent

NAME:

COMPANY:

BUSINESS ADDRESS:

BUSINESS CITY:

STATE/REGION/PROVINCE: POSTAL CODE:

COMPANY COUNTRY:

E-MAIL ADDRESS: WEB SITE:

FAX (include country code):

PHONE (include country code):

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Referral Fee Particulars

In the event Receiving Broker/Agent receives a commission or other payment for services rendered in connection with a real estate transaction consummated involving the Referred Client (see attachment 1) within _____ of the date this Referral Contract is entered into (both parties have signed), Referring Broker/Agent will be entitled to a referral fee*, and Receiving Broker/Agent agrees to pay said referral fee, in the amount of:

☐ _____cash (in _____currency), or

☐ _____percent of the ☐ list price, ☐ sale price, or ☑ lease commission that Receiving Broker/Agent receives in connection with the foregoing.

The parties hereby agree that the referral fee shall be fully paid by the Receiving Broker/Agent no later than _____ business days after the transaction is completed.

☑ Other (describe) _____

_____

_____

**Referral fees may be subject to withholding tax or other forms of taxes in the country in which the transaction takes place. Referring agents should be aware of state, provincial, or local laws in their respective markets with regards to paying referrals.*

Term

This contract will expire on _____(date). If both parties want to cooperate after the expiration date, they will have to execute a new referral contract.

Signatures

_____

Authorized Referring Broker/Agent Date

_____

Authorized Receiving Broker/Agent Date

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Attachment 1

CLIENT WORKSHEET

Client Referred

NAME:

ADDRESS:

CITY:

STATE/REGION/PROVINCE: POSTAL CODE:

E-MAIL ADDRESS:

FAX (include country code):

PHONE (include country code):

Client Particulars

Property Needs	
Is this property for the client's personal use, or is it intended as an investment?	
Does this client own other real property in the destination country?	
Referring Broker/Agent Prior Experience with this client	

Comments

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