

REFER A FRIEND



Please fill in **all sections** to refer your friend.

Your details	
Full name	
Customer reference number	
Email address	
Residence name and city	

Your friend's details	
Full name	
Customer reference number	
Email address	
Residence name and city	

By signing you confirm your acceptance to the terms and conditions of the offer and understand that Liberty Living reserve the right to withdraw this offer at any time.

Your signature	Date ____/____/____
Your friend's signature	Date ____/____/____

Please **print and sign this form** and return it by email to the residence you will be living at for the next academic year.