

CHANGE OF ACCOUNT OWNERSHIP AUTHORITY

Please complete the below change of ownership authority form and fax back to 1300 761 815.

CURRENT CUSTOMER INFORMATION

Company Name: _____
Account No. _____ **Customer Name:** _____
Contact Phone: _____ **Contact Mobile:** _____
Account Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____

NEW CUSTOMER INFORMATION

Company Name: _____
Account No. _____ **Customer Name:** _____
Contact Phone: _____ **Contact Mobile:** _____
ABN (Business) _____ **D.O.B (Residential)** _____
Account Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____

SERVICES TO BE TRANSFERRED

Service Number(s): _____
Service Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____
Plan Details: _____
Cancel Date: _____

ADDITIONAL INFORMATION

AUTHORISATION

I hereby authorise the above service(s) to be transferred to the abovementioned party.

Name 1: _____ **Sign:** _____ **Date:** _____
(Current Account Holder) (DD/MM/YY)

Name 2: _____ **Sign:** _____ **Date:** _____
(New Account Holder) (DD/MM/YY)

Transfer Service(s) As Of: _____
(DD/MM/YYYY)

Transfer date CANNOT be retrospective and may take up to seven business days to complete.
As the new account holder, I understand that I am liable for all costs from completion date.