



## CHANGE OF ACCOUNT OWNERSHIP AUTHORITY

Please complete the below change of ownership authority form and fax back to 1300 726 481

### CURRENT CUSTOMER INFORMATION

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

### NEW CUSTOMER INFORMATION

**Customer Name:** \_\_\_\_\_  
**Account No.** \_\_\_\_\_ **Company 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

Please provide any other relevant information in this box

### 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:** \_\_\_\_\_