



CHANGE OF OWNERSHIP

ABN: 71 154 074 218

OFFICE USE ONLY
DATE RECEIVED: _____ CSR: _____

Fee of \$49 including GST applies. All fields marked with * are mandatory.

Previous Account Holder Details:

ACCOUNT NUMBER*: _____

Account Name*: _____

First Name*: _____ Last Name*: _____ DOB*: __/__/__

Service Address*: _____ State*: _____ Postcode*: _____

Billing Address*: _____ State*: _____ Postcode*: _____

Phone No. _____ Mobile No*: _____ Fax No. _____

Email Address*: _____

New Account Holder Details:

Account Name*: _____

First Name*: _____ Last Name*: _____ DOB*: __/__/__

Billing Address*: _____ State*: _____ Postcode*: _____

Phone No. _____ Mobile No*: _____ Fax No. _____

Email Address*: _____

Invoice Option*: Email Postal (Postal invoice will incur additional \$2.50 per invoice)

Identification Type*: Please tick one of the following options

Australian Driver Licence Passport Birth Certificate Proof of Age card

Identification Document Number*: _____

SERVICES TO BE TRANSFERRED. Effective from* __/__/__

1.	2.
3.	4.

Current Account Holder Authorisation:

The Current Account Holder agrees that all the details provided on this form are correct. The Current Account Holder, agrees transfer to the New Account Holder all control, responsibility, rights and liabilities for the Account and services detailed above from the Effective Date.

Name of Current Account Holder*: _____ Date*: __/__/__

Signature of Current Account Holder*: _____

New Account Holder Authorisation:

I (New Owner) agree to pay all charges relating to this account once ownership of this account has been transferred and to be bound by the connection terms and conditions applicable to the account (please refer to our website www.aussielinx.com.au for current terms and conditions) and all other applicable terms including any contract term and pricing plans.

FEES: I understand that I am obliged to pay all charges associated with the account including the monthly fees, any delayed charges such as toll calls that may appear after the transfer is completed and any early termination fees which may apply if I close this account before the end of the contract term. I understand that relocation fees may apply if I am relocating services to a different address.

Name of New Account Holder*: _____ Date*: __/__/__

Signature of New Account Holder*: _____