



ABN: 71 154 074 218

# CHANGE OF OWNERSHIP

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.fuzenet.com.au](http://www.fuzenet.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\*: \_\_\_\_\_