



nextalk

Change of Ownership

Dear Customer,

To transfer ownership of your plan/service, both you and the applicant need to complete this form.

Please complete all sections and return by Fax to 1300 785 041 or via post to GPO BOX 774, Melbourne VIC 3001 or email to: info@nextalk.com.au

Please PRINT and USE CAPITAL LETTERS:

Step 1. To be completed by the current customer

Nextalk Account Number: _____

Business Name: _____

ABN: _____

Title: _____

First Name: _____

Last Name: _____ **Phone:** _____

(inc area code) _____

Email: _____

IMPORTANT

Services will only be transferred if the following are satisfied
(Please allow up to 10 business days):

- If approved, your plan/s will be transferred under the same terms and conditions as currently exist with you unless otherwise requested.
- You must disclose to the applicant these terms and conditions including all fees and charges (this includes, call rates and access fees).
- Your plan and any associated fees and charges will remain with your account until the transfer is completed.
- Your account balance and any unbilled calls will remain on your account and will be billed to you up until when the service has been transferred.

Service Been Transferred: _____

I authorise Nextalk to transfer my account to (Applicant's Full Name): _____

I understand that I am still responsible for my services until such time as the transfer of ownership has been approved.

Signature: _____ **Position:** _____ **Date:** _____

Step 2. To be completed by the applicant (applicant must be over 18 years of age to apply)

Existing Customer: Yes No

Add to Existing Account: Yes No

Nextalk Account Number: _____
(existing customer only)

Business Name: _____

Trading Name: _____

ABN: _____

ACN: _____

Title: _____

First Name: _____

Last Name: _____ **Phone:** _____

(inc area code): _____

Mobile: _____

Email: _____

Billing Address: _____

Suburb: _____

State: _____

Postcode: _____

Site address: _____
(if different)

Suburb: _____

State: _____

Postcode: _____

Drivers Licence: _____
(Required for Residential)

Date of Birth: _____



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Step 3. Please list all service number to be transferred

Service details

Phone Number	Service: Phone, Fax, Mobile, Web, Other	Plan Name	Site Address

Declaration and Agreement

I declare that I have read and understood the above conditions and I authorise the service on this form to be provisioned with Nextalk

Person signing this form is personally liable if they are not an authorised signatory for the company listed on this form applying for the services.

Name of Person Authorising: _____

Date of Birth: _____ **Date:** _____ **Signature:** _____