

# **TRANSFER OF OWNERSHIP REQUEST - Pentanet Apartments**

# How to use this form?

Return this completed form to <a href="mailto:receivables@pentanet.com.au">receivables@pentanet.com.au</a>

| $\square$ No change to  | pplicable changes<br>nership to Individual - sele<br>Service Plan - please comp<br>Service Plan required - plea  | olete section   | ns 1,2 and 6  |              |                         |
|---|--|---|---|--------------|-------------------------|
| ☐ No change to☐ Change to S   | ount Ownership to Busines Service Plan - please comp Service Plan required - plea brship from an Individual to a Busin   | olete section<br>se completo                                  | ns 1,3 and 6<br>e sections 1,3,5 and 6  |              |                         |
| Section 1 - Out   | going customer to complete   | е   |   |              |                         |
|   |  | orised repre  | esentative of this account to si  | gn and apı   | prove this transfer of  |
| ownership reque   |  |   | C' N  |              |                         |
| Title   | Surname  |   | Given Names   |              |                         |
| Date of Birth   | Email Address  |   | Mobile Number   | Но           | me/Work Number          |
| Date of Birth   | Lillali Addie33  |   | MODIIC NUMBER   | 1101         | TIC/ VVOIR INGITIBEI    |
| Account Number  |  |   |   |              |                         |
| , toodant rannocr   |  |   |   |              |                         |
| Date of Transfer  | to take effect?  |   |   |              |                         |
|   |  |   |   |              |                         |
| from the date tha   | at this form is submitted to F   | Pentanet inc  | ove. The transfer date cannot luding all required information te next to each service name. |              |                         |
|   | for transferring ownership   | thic ic naval   | ole by the outgoing customer.   |              |                         |
| Agreement   | for transferring ownership,  | ulis is payai   | ole by the outgoing customer.   |              |                         |
|   | itacina customor I roquest   | Dontonot to   | transfer the legal recognibility  | b, of the co | anticos listad abovo to |
|   | utgoing customer, i request<br>omer whose details are inclu  |   | transfer the legal responsibility   | ty of the se | ervices listed above to |
| the incoming custo  | onier whose details are inclu  | idea iii tiiis i  | orn.  |              |                         |
| <ul><li>acceptanc</li><li>my usage</li><li>I have read</li><li>will not s</li><li>transfer; a</li></ul> | in liable for all debts incurre e of this request by Pentane history will be visible to the d and understand all statem eek to recover any loss I hav nd older or fully authorised rep | et is subject<br>incoming cu<br>ents made in<br>ve suffered c |   | al process;  | as a result of this     |
|   |  |   |   |              |                         |
| Full Name   |  |   | Signature   |              | Date                    |
|   |  |   |   |              |                         |

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| Section 2 - Incoming custome        | r to complete (Individu  | al)                   |                                |                    |  |  |
|-------------------------------------|--|-----------------------|--------------------------------|--------------------|--|--|
| Do you have an existing Pentane     | t account we can use to  | identify you?         |                                |                    |  |  |
| ☐ Yes - Please provid               | e account number   |                       |                                |                    |  |  |
| □ No - Complete belo                |  |                       |                                |                    |  |  |
|                                     |  |                       |                                |                    |  |  |
| Title Surname                       |  | Given Names           |                                |                    |  |  |
|                                     |  | Giveninames           |                                |                    |  |  |
| Residential Address                 |  |                       | Suburb                         | Postcode           |  |  |
| Residential Address                 |  |                       | Suburb                         | rosicode           |  |  |
|                                     |  |                       |                                | D                  |  |  |
| Mailing Address - Same as abov      | 'e □ (Please tick (♥) if   | same as above)        | Suburb                         | Postcode           |  |  |
|                                     |  |                       |                                |                    |  |  |
| Email Address                       | Mob  | oile Number           | Home/Work Number               | Date of Birth      |  |  |
|                                     |  |                       |                                |                    |  |  |
| Credit Assessment                   |  |                       |                                |                    |  |  |
| In order to provide you with a se   | vice, we are required to   | perform a credit as   | ssessment. To facilitate this, | we will share your |  |  |
| information with a credit reportin  | g body to obtain credit  | reporting information | on. Our credit assessment is   | conducted in       |  |  |
| accordance with our Privacy & C     | redit Reporting Policy. F  | lease provide a cop   | y of your photo ID, accepted   | l forms include:   |  |  |
| Australian Driver's Licen           | ce   |                       |                                |                    |  |  |
| Passport                            |  |                       |                                |                    |  |  |
| Photo Card                          |  |                       |                                |                    |  |  |
|                                     |  |                       |                                |                    |  |  |
| ☐ My photo ID is attached           |  |                       |                                |                    |  |  |
| , ,                                 |  |                       |                                |                    |  |  |
| What is the main source of incon    | ne vou will rely on in ord   | der to pay for your P | Pentanet service?              |                    |  |  |
| □Employment please specify          | ,  |                       |                                |                    |  |  |
|                                     | Controlink Poncion   | (Agad Vatoran's F     | Visability Support)            |                    |  |  |
|                                     | ☐ Permanent Full-Time ☐ Centrelink Pension (Aged, Veteran's, Disability Support) |                       |                                |                    |  |  |
| ☐ Permanent Part-Time               | ☐ Superannuation/Ar  |                       |                                |                    |  |  |
| ☐ Casual Full-Time                  | ☐ Investments (Intere  |                       | ·                              |                    |  |  |
| ☐ Casual Part-Time                  | ☐ Centrelink Benefits  | /Allowance (Austud    | ly, Newstart, Carer, Youth Al  | lowance)           |  |  |
| ☐ Other (please specify)            |  |                       |                                |                    |  |  |
| What are your current living arra   | angements?   |                       |                                |                    |  |  |
| ☐ Owner                             | ☐ Renting through Re   | eal Estate            | $\square$ Boarding             |                    |  |  |
| ☐ Living with family                | ☐ Renting Privately  |                       |                                |                    |  |  |
|                                     |  |                       |                                |                    |  |  |
| Authorised Representative (OP       | ΓΙΟΝΑL)  |                       |                                |                    |  |  |
| If you wish to appoint an Authori   | sed Representative to d  | deal with Pentanet L  | imited on your behalf, pleas   | e complete the     |  |  |
| section below. Please note, when    |  |                       |                                |                    |  |  |
| authority to deal with us on your   |  | · ·                   |                                |                    |  |  |
| act and access information as if t  | ·  |                       |                                |                    |  |  |
| service. If you wish, you can spec  |  |                       |                                |                    |  |  |
| until you revoke it in writing.     | ,  |                       |                                |                    |  |  |
| a , c.a. : c. :                     |  |                       |                                |                    |  |  |
| Title Surname                       |  | Given Names           |                                |                    |  |  |
| Surraine                            |  | Given rannes          |                                |                    |  |  |
| Residential Address                 |  |                       | Cularinh                       | Dootoodo           |  |  |
| Residential Address                 |  |                       | Suburb                         | Postcode           |  |  |
| Financia Andreas                    | \ 1 I  | .tla Nicoscita e      | Hama /\A/ : J. N               |                    |  |  |
| Email Address                       | Mob  | ile Number            | Home/Work Number               |                    |  |  |
|                                     |  |                       |                                |                    |  |  |
| Limitations of the Authorised Rep   |  | · · · · -             |                                |                    |  |  |
| allowed to do on your behalf. If le |  |                       |                                | were you.):        |  |  |
| ☐ Perform Billing Actions           | ☐ Cancel Account/Se  | rvice                 | ☐ Make Purchases               |                    |  |  |
| ☐ Perform Support Actions           | ☐ Make a Complaint   |                       |                                |                    |  |  |

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| Section 3 - Inco                             | ming customer to complete (Bu       | isiness)  |                   |             |                                       |       |                   |
|--|-------------------------------------|-----------|-------------------|-------------|---------------------------------------|-------|-------------------|
| Do you have an ex                            | isting Pentanet account we can      | use to ic | dentify you?      |             |                                       |       |                   |
| ☐ Yes -                                      | - Please provide account numbe      | r         |                   |             |                                       |       |                   |
|  | Complete below details              |           |                   |             |                                       |       |                   |
|  | •                                   |           |                   |             |                                       |       |                   |
| Business Name                                |                                     |           | ABN/ACN           |             |                                       |       |                   |
| Dusiness runic                               |                                     |           | ABINACIN          |             |                                       |       |                   |
| Dhysical Address                             |                                     |           |                   |             | Suburb                                |       | Postcode          |
| Physical Address                             |                                     |           |                   |             | Suburb                                | 7 [   | Postcode          |
|  |                                     |           |                   |             |                                       |       |                   |
| Mailing Address -                            | - Same as above □ (Please tick (    | ) if sa   | me as above)      |             | Suburb                                | 7 1   | Postcode          |
|  |                                     |           |                   |             |                                       |       |                   |
| <b>Primary Contact</b>                       |                                     |           |                   |             |                                       |       |                   |
| Title  | Surname                             |           | Given Names       |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| Residential Addre                            | 288                                 |           |                   |             | Suburb                                |       | Postcode          |
|  |                                     |           |                   |             |                                       | ] [   |                   |
| Email Address                                |                                     | Mohile    | Number            | Hom         | e/Work Number                         | ] [   | Date of Birth     |
| Email / tadress                              |                                     | THODIC    | Transci           | 110111      | e, vv ork rvamber                     | 1 [   | Dute of Birth     |
| Accounts Dayable                             | Deteile                             |           |                   |             |                                       |       |                   |
| Accounts Payable                             |                                     |           | 6' 11             |             |                                       |       |                   |
| Title  | Surname                             |           | Given Names       |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| Email Address                                |                                     | Work 1    | Number            |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| Credit Assessmen                             | it                                  |           |                   |             |                                       |       |                   |
| In order to provide                          | you with a service, we are requi    | ired to p | erform a credit a | ssessm      | ent. To facilitate thi                | s, w  | e will share your |
| =  | credit reporting body to obtain o   | -         |                   |             |                                       |       | =                 |
|  | ur Privacy & Credit Reporting Po    | -         | _                 |             |                                       |       |                   |
|  |                                     | лісу. гіе | ase provide a co  | ру ог ус    | our prioto ib, accept                 | .eu i | offis include.    |
|  | Driver's Licence                    |           |                   |             |                                       |       |                   |
| Passport                                     |                                     |           |                   |             |                                       |       |                   |
| Photo Care                                   | d                                   |           |                   |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| ☐ My photo ID is a                           | ıttached                            |           |                   |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| What are your cu                             | rrent premises arrangements?        |           |                   |             |                                       |       |                   |
| ☐ Owned                                      | ☐ Rented/Lease                      | ed        |                   | □ C         | o-Working                             |       |                   |
|  |                                     |           |                   |             | •                                     |       |                   |
| Authorised Repre                             | sentative (OPTIONAL)                |           |                   |             |                                       |       |                   |
|  | oint an Authorised Representativ    | ve to des | al with Pentanet  | Limited     | on your hehalf inle                   | 256   | complete the      |
|  | ·                                   |           |                   |             |                                       |       | · ·               |
|  | ase note, when you appoint an A     |           |                   | =           |                                       | -     |                   |
| =  | vith us on your behalf as your ag   |           |                   |             |                                       |       |                   |
|  | ormation as if they were you. Thi   |           | = :               |             | = =                                   |       | =                 |
| service. If you wish                         | n, you can specify limitations of y | our Autl  | horised Represe   | ntative'    | s rights. This appoir                 | ntme  | ent continues     |
| until you revoke it                          | in writing.                         |           |                   |             |                                       |       |                   |
| T'11   | 6                                   |           | C: N              |             |                                       |       |                   |
| Title  | Surname                             |           | Given Names       |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| Residential Addre                            | ess                                 |           |                   |             | Suburb                                |       | Postcode          |
|  |                                     |           |                   |             |                                       |       |                   |
|  |                                     |           |                   |             |                                       |       |                   |
| Email Address                                |                                     | Mobilo    | Number            | Hom         | e/Work Number                         |       |                   |
| Email Address                                |                                     | Mobile    | Number            | ПОП         | e/ vvork inumber                      | 1     |                   |
|  |                                     |           | 16                |             |                                       | ]     | 1 11 -11          |
|  | Authorised Representative's righ    |           |                   | -           | · · · · · · · · · · · · · · · · · · · |       |                   |
| •  | our behalf. If left blank, the Auth |           | -                 | -           |                                       | ∋y w  | /ere you.):       |
| □ Perform Billing                            | Actions                             | ınt/Servi | ce                | $\square$ M | ake Purchases                         |       |                   |
| ☐ Perform Support Actions ☐ Make a Complaint |                                     |           |                   |             |                                       |       |                   |

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| Section 4 - Service/Plan to be amended (Individual) |                                    |                        |                 |  |  |  |  |
|---|------------------------------------|------------------------|-----------------|--|--|--|--|
| Do you require a                                    | Static IP as part of this service  | change?                |                 |  |  |  |  |
| ☐ Yes ☐ No  | Note: Static IP will cost addition | al \$10 per month.     |                 |  |  |  |  |
| Please tick (✔) below new plan selection            |                                    |                        |                 |  |  |  |  |
| Please tick   | Monthly Charge                     | Monthly Data Allowance | Speed Tier      |  |  |  |  |
| Plan Selection                                      |                                    |                        |                 |  |  |  |  |
|   | \$77                               | Unlimited              | 50Mbps/50Mbps   |  |  |  |  |
|   | \$99                               | Unlimited              | 100Mbps/100Mbps |  |  |  |  |

Unlimited

200Mbps/200Mbps

## Section 5 - Service/Plan to be amended (Business)

Do you require a Static IP as part of this service change?

☐ Yes ☐ No Note: Static IP will cost additional \$10 per month.

\$149

#### Please tick (✓) below new plan selection

| Please tick    | Monthly Charge | Monthly Data Allowance | Speed Tier      |
|----------------|----------------|------------------------|-----------------|
| Plan Selection |                |                        |                 |
|                | \$77           | Unlimited              | 50Mbps/50Mbps   |
|                | \$99           | Unlimited              | 100Mbps/100Mbps |
|                | \$149          | Unlimited              | 200Mbps/200Mbps |

## Section 6 - Agreement

## **Important Information**

- Before agreeing to take over the ownership of the above services, you should satisfy yourself of the details of the services including pricing, contract term and plan information. You may want to contact the outgoing customer to discuss this.
- The services listed above will be transferred along with any additional products attached to those services.

As the incoming customer, I request Pentanet to transfer the legal responsibility of the services listed above from the outgoing customer, whose details appear in this form to me, the incoming customer.

## I agree that:

- if Pentanet accepts this request, the above services will be provided by Pentanet to me, the incoming customer, in accordance with its standard terms and conditions;
- acceptance of this request by Pentanet is subject to their ordinary credit approval process;
- I have read, understood and agreed to the terms and conditions of Pentanet for the services being transferred to me (available online www.pentanet.com.au);
- I understand I must fulfil all obligations imposed upon the current owner under the existing contract for the services;
- I have read and understand all statements made in this application form;
- I will be taking over the services listed above including any and all applicable contracts and that the nominated services will be transferred to my account with the same structure and set up as they currently have;
- I will be liable for all debts incurred on the services listed above from the date of transfer;
- l will not seek to recover loss I have suffered or may suffer (either directly or indirectly) as a result of the transfer.
- I make this request as the incoming customer.

| Full Name | Signature | Date |
|-----------|-----------|------|
|           |           |      |
|           |           |      |
|           |           |      |

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