

# TRANSFER OF OWNERSHIP REQUEST - neXus

# How to use this form?

Return this comp	oleted form to support@pentai	net.com.au	
☐ Transfer of O	applicable changes wnership to Individual to Service Plan - please compl	ete sections 1, 2, 4 and 5	
	ccount Ownership to Business to Service Plan - please compl	-	
	itgoing customer to complete		
	•	rised representative of this account to s	ign and approve this transfer of
ownership requal Title	Surname	Given Names	
Date of Birth	Email Address	Mobile Number	Home/Work Number
Account Number	er		
Date of Transfe	r to take offect?		
Date of Transfe	i to take effect:		
	ormation. If transferring multipl	king days from the date that this form is e services on different dates, please not	
<b>Transfer fee</b> No fees apply f	for neXus transfer of ownership	).	
Agreement On behalf of th	ne outgoing customer, I request	Pentanet to transfer the legal responsib	-

services listed above to the incoming customer whose details are included in this form.

# I acknowledge that:

- I remain liable for all debts incurred on the account and services listed above up to the date of transfer;
- Pentanet's acceptance of this transfer request is subject to their ordinary credit approval process;
- I have read and understand all statements made in this application form;
- I will not seek to recover any loss I have suffered or may suffer (either directly or indirectly) as a result of this transfer: and
- I am the account holder or fully authorised representative of this account and am authorised to make this request on behalf of the outgoing customer.

Full Name	Signature	Date

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Section 2 - Incoming customer to complete (Ind	lividual				
Do you have an existing Pentanet account we can u	use to ic	lentify you?			
☐ Yes - Please provide account number					
$\square$ No - Complete below details					
Title Surname		Given Names			
Residential Address				Suburb	Postcode
Mailing Address - Same as above $\square$ (Please tick (	✓) if sa	ame as above)		Suburb	Postcode
Email Address	Mobile	Number	Hom	e/Work Number	Date of Birth
Credit Assessment In order to provide you with a service, we are required to perform a credit assessment. To facilitate this, we will share your information with a credit reporting body to obtain credit reporting information. Our credit assessment is conducted in accordance with our Privacy & Credit Reporting Policy. Please provide a copy of your photo ID, accepted forms include:  △ Australian Driver's Licence  △ Passport  △ Photo Card  □ My photo ID is attached					
What is the main source of income you will rely on	in orde	r to pay for your F	Pentan	et service?	
☐ Employment (please specify)				_	
		ιged, Veteran's, Γ	)isabili <sup>.</sup>	ty Support)	
☐ Permanent Part-Time ☐ Superannuation			<b>.</b>	10: )	
-		, Dividends, Rent,	-	•	A II
	nefits/A	llowance (Austuc	dy, Nev	wstart, Carer, Youth	Allowance)
☐ Other (please specify)					
What are your current living arrangements?	D I	C-4-4-	_ D.		
☐ Owner ☐ Renting through	-	. Estate	⊔ В(	parding	
☐ Living with family ☐ Renting Privately					
Authorised Representative (OPTIONAL) If you wish to appoint an Authorised Representative to deal with Pentanet Ltd on your behalf, please complete the section below. Please note, when you appoint an Authorised Representative you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised Representative has the power to act and access information as if they were you. This includes making complaints, changing account details or cancelling a service. If you wish, you can specify limitations of your Authorised Representative's rights. This appointment continues until you revoke it in writing.					
Title Surname		Given Names			
Residential Address				Suburb	Postcode
Email Address	Mobile	Number	Hom	e/Work Number	
Limitations of the Authorised Representative's rights (specify anything that your Authorised Representative should not be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they are you):  □ Perform Billing Actions □ Cancel Account/Service □ Make Purchases □ Perform Support Actions □ Make a Complaint					

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Section 3 - Incoming customer to complete (Bu	usiness)				
Do you have an existing Pentanet account we can	use to id	lentify you?			
$\square$ Yes - Please provide account numbe	r				
☐ No - Complete below details					
·					
Business Name		ABN/ACN			
Dusiness runie		ABNACIV			
Physical Address				Suburb	Postcode
Mailing Address - Same as above □ (Please tick	(🗸) if sa	ime as above)		Suburb	Postcode
Primary Contact					
Title Surname		Given Names			
Titte Sufficience		Given ivallies			
Residential Address				Suburb	Postcode
Email Address	Mobile	Number	Hom	e/Work Number	Date of Birth
Accounts Payable Details					
Title Surname		Given Names			
Title Surname		Given Names			
Email Address	Work I	Number			
Credit Assessment					
In order to provide you with a service, we are requ	ired to n	erform a credit :	assessm	ent. To facilitate thi	is we will share the
information you provide with a credit reporting boo	=				
	•	•	•		
conducted in accordance with our Privacy & Credit	. Reportii	ng Policy. Pleas	se provid	e a copy of compan	ly director's ID,
accepted forms include:					
Australian Driver's Licence					
Passport					
Photo Card					
☐ Company director's photo ID is attached					
What are your current promises arrangements?					
What are your current premises arrangements?				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
☐ Owned ☐ Rented/Lease	ed	☐ Co-Working			
Authorised Representative (OPTIONAL)					
If you wish to appoint an Authorised Representative	ve to dea	al with Pentane	t Ltd on '	your behalf, please	complete the
section below. Please note, when you appoint an A					
authority to deal with us on your behalf as your ag		· · · · · · · · · · · · · · · · · · ·			
					· ·
act and access information as if they were you. This includes making complaints, changing account details or cancelling a					
service. If you wish, you can specify limitations of y	our Auti	norised Represe	entative's	s rights. This appoir	ntment continues
until you revoke it in writing.					
T'H - C		C: NI			
Title Surname		Given Names			
Residential Address				Suburb	Postcode
Email Address	Mobile	Number	Hom	e/Work Number	
Linuit Addiess	Monite	TAUTINE	1 10111	C/ VVOIR INUITIDET	1
			. L		] 
Limitations of the Authorised Representative's right		· · · · · ·	=	· · · · · · · · · · · · · · · · · · ·	
allowed to do on your behalf. If left blank, the Aut	horised F	Representative l	has the p	power to act as if th	ey were you.):
☐ Perform Billing Actions ☐ Cancel Accou	unt/Servi	ce	$\square$ M	ake Purchases	
☐ Perform Support Actions ☐ Make a Comp	olaint				

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# Section 4 - Service/Plan to be transferred

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

Please tick Plan Selection	Monthly Charge	Monthly Data Allowance (On Peak + Off Peak)	Plan Type
T tan Setection	Ć120		neXus Hell Fast
	\$129	Unlimited	Unlocked Speeds

### **Section 5 - 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.
- lf the outgoing customer signed up with or applied a promotional discount or offer, that discount or offer does not carry over to the inbound customer.

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;
- I 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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