



TRANSFER OF OWNERSHIP REQUEST - OPTICOMM

How to use this form?

Return this completed form to receivables@pentanet.com.au.

Please tick	(💙) appl	icabl	e c	hang	es
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Transfer of Ownership - select from options below:

- \square No change to Service Plan please complete sections 1, 2 and 4
- \Box Change to Service Plan required please complete sections 1, 2, 3 and 4

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Section I -	()) [taoina customer to comple	ТΩ
occuon I	υu	taonia castoniei to combte	

	the account holder or fully au	thorised representative of this acc	count to sign and approve this		
Title	Surname	Given names			
Title	Surname	Orverriariles	Given names		
Date of birth	Email Address	Mobile number	Home or work number		
Sil til					
Account nun	mber				
Account num	nibei				
D					
Date of trans	sfer to take effect?				
		ounts listed above. The transfer dat			
		n is submitted to Pentanet includ	•		
transferring n	nultiple services on different o	lates, please note the requested tra	ansfer date next to each service		
name.					

Transfer fee

There is a \$55 fee for transferring ownership, which is payable by the outgoing customer.

Agreement

On behalf of the outgoing customer, I request Pentanet to transfer the legal responsibility of the account and services listed above to the incoming customer whose details are included in this form.

I acknowledge that:

- I will remain liable for all debts incurred on the services listed above prior to the date of transfer;
- acceptance of this request by Pentanet 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.

Signed by the outgoing customer:

Full Name	Signature	Date

Section 2 - Incoming customer	to complete		
-	net account we can use to identify you	1?	
☐ Yes - Please prov			
□ No - Complete be	elow details		
Title Surname	Given names		
Residential address		Suburb	Postcode
Mailian addus as assessed	Б П (Dl + i - l · / · / /) if	Suburb	Postcode
above)	bove □ (Please tick (✔) if same as	Suburb	Fosicode
Email address	Mobile number	Home or work	Date of birth
		number	
Credit Assessment			
share your information with assessment is conducted in a	service, we are required to perform a cre a credit reporting body to obtain o ccordance with our <u>Privacy & Credit Re</u>	redit reporting informa	tion. Our credit
your photo ID, accepted forms			
Passport	THE C		
Photo Card			
☐ My photo ID is attached			
What is the main source of inc	ome you will rely on in order to pay for	your Pentanet service?	
☐ Employment, please specify:			
☐ Permanent Full-Time	☐ Centrelink Pension (Aged, Veteran	s, Disability Support)	
□ Permanent Part-Time□ Casual Full-Time	☐ Superannuation/Annuities☐ Investments (Interest, Dividends, R	Pont Capital Gains)	
☐ Casual Part-Time	☐ Centrelink Benefits/Allowance (Au	· · · · · · · · · · · · · · · · · · ·	outh outh
	Allowance)		
☐ Other (please specify)			
What are your current living a	arrangements?		
□ Owner	☐ Renting through Real Estate	□ Boarding	
☐ Living with family	□ Renting Privately		
Authorised Representative	(OPTIONAL)		
If you wish to appoint an Author	orised Representative to deal with Pent		•
	e, when you appoint an Authorised Rep		
	al with us on your behalf as your a er to act and access information as	_	
	details or cancelling a service. If you		_
Authorised Representative's ri	~		
This appointment continues u	ntil you revoke it in writing.		
Title Surname	Given Names		
Residential Address		Suburb	Postcode
Email Address	Mobile Number	Home/Work Number	
Linait Address	Plobite Number	Home, Work Number	



-	-	s rights (select functions the Authorised Representat	-	•	
you.):	your benati. It tert blank,	the Authorised Representat	ive has the powe	er to act as if they were	
D Perform Billing	a Actions □ Cancel A	Account/Service	☐ Make Purcha	ses	
☐ Perform Suppo		Complaint			
Section 7 Sem	vice ou plan to be sured				
	vice or plan to be amend				
• •	a Static IP as part of this	_			
		dditional \$10 per month.			
Please tick (Plan	below new plan selection			Smood Tion	
Selection	Monthly Charge	Monthly Data Allowance (On Peak + Off Peak)		Speed Tier ownload/upload)	
	\$83	Unlimited		OptiComm tier 25/5	
	\$94	Unlimited		OptiComm tier 50/20	
	\$103	Unlimited		OptiComm tier 100/20	
	\$103	Unlimited		ptiComm tier 100/40	
	ŞIIS	Ontimited	Pro+ U	pucomm tier 100/40	
Section 4 - Agr					
Important Info					
		ownership of the above serv			
		oricing, contract term and pla	an information. 1	ou may want to contact	
-	going customer to discus	s triis. transferred along with any a	dditional produc	ets attached to those	
services		transferred atong with any at	dartional produc	is attached to those	
30111003	•				
-	-	ntanet to transfer the legal r ose details appear in this for			
l agree that:		(I) I		and the second second	
		the above services will be pr	•		
		ntanet's standard terms and ntanet is subject to their ord			
•	•	ed to the Terms and Condition	•	•	
	_	ne at: https://www.pentanet.			
		gations imposed upon the cu			
	ervices, including the co			J	
I have read and understand all statements made in this transfer of ownership form;					
🍅 🛮 I will be	taking over the services	listed above including any ar	nd all applicable	contracts and that the	
	nominated services will be transferred to my account with the same structure and set up as they				
currently are;					
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 t	his request as the incomi	ng customer.			
Signed by the in	ncoming customer:				
Full Name		Signature		Date	
- attraction		S.g.iataic			

