

## TRANSFER OF OWNERSHIP REQUEST - LBN

### How to use this form?

Return this completed form to [receivables@pentanet.com.au](mailto:receivables@pentanet.com.au)

### Please tick (✓) applicable changes

- Transfer of Ownership to Individual - select from options below**
- No change to Service Plan - please complete sections 1,2 and 6**
  - Change to Service Plan required - please complete sections 1,2,4 and 6**

### Section 1 - Outgoing customer to complete

You must be the account holder or fully authorised representative of this account to sign and approve this transfer of ownership request

Title	Surname	Given Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Email Address	Mobile Number	Home/Work Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Service Name	Service Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Transfer to take effect?			
<input type="text"/>			

Transfer date relates to all services or accounts listed above. The transfer date cannot be earlier than seven working days from the date that this form is submitted to Pentanet including all required information. If transferring multiple services on different dates, please note the requested transfer date next to each service name.

### Transfer fee

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

### Agreement

On behalf of the outgoing customer, I request Pentanet to transfer the legal responsibility of the 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;
- my usage history will be visible to the incoming customer;
- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2 - Incoming customer to complete (Individual)




Do you have an existing Pentanet account we can use to identify you?

- Yes - Please provide account number
- No - Complete below details

Title	Surname	Given Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address - Same as above <input type="checkbox"/> (Please tick (✓) if same as above)		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address	Mobile Number	Home/Work Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 order to pay for your Pentanet service?

Employment please specify

- |  |  |
|--|--|
| <input type="checkbox"/> Permanent Full-Time | <input type="checkbox"/> Centrelink Pension (Aged, Veteran's, Disability Support)                  |
| <input type="checkbox"/> Permanent Part-Time | <input type="checkbox"/> Superannuation/Annuities  |
| <input type="checkbox"/> Casual Full-Time    | <input type="checkbox"/> Investments (Interest, Dividends, Rent, Capital Gains)                    |
| <input type="checkbox"/> Casual Part-Time    | <input type="checkbox"/> Centrelink Benefits/Allowance (Austudy, Newstart, Carer, Youth Allowance) |

Other (please specify)

What are your current living arrangements?

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Owner              | <input type="checkbox"/> Renting through Real Estate | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Living with family | <input type="checkbox"/> Renting Privately           |                                   |

### Authorised Representative (OPTIONAL)

If you wish to appoint an Authorised Representative to deal with Pentanet Pty 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address	Mobile Number	Home/Work Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 were you.):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Perform Billing Actions | <input type="checkbox"/> Cancel Account/Service | <input type="checkbox"/> Make Purchases |
| <input type="checkbox"/> Perform Support Actions | <input type="checkbox"/> Make a Complaint       |   |

#### Section 4 - Service/Plan to be amended

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

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

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

Plan Selection	Monthly Charge	Monthly Data Allowance (On Peak + Off Peak)	Speed Tier
<input type="checkbox"/>	\$59	Unlimited	<b>Basic Speed</b> LBN tier 12
<input type="checkbox"/>	\$79	Unlimited	<b>Standard Speed</b> LBN tier 25
<input type="checkbox"/>	\$89	Unlimited	<b>Standard Plus Speed</b> LBN tier 50
<input type="checkbox"/>	\$99	Unlimited	<b>Premium Speed</b> LBN tier 100

#### 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](http://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