



Transfer of Ownership Request

Both parties should complete this form and read all terms and conditions prior to signing. Please ensure all information you supply is correct, as providing incorrect information may delay the processing of your transfer request.

Please note, you must be the fully authorized user of this account to sign and approve this change of ownership request.

Section 1: Outgoing customer to complete (this is the customer transferring their service)

CONTACT DETAILS	
Surname:	First Name:
Mobile Number:	Home/Work Number:
Email Address:	Date of Birth:

SERVICES TO BE TRANSFERRED	
Account Number:	Service Name:
Service Name:	Service Name:
What date should the transfer of service(s) take effect?	
Transfer date relates to all services or accounts listed on the 'services to be transferred' section of this form. 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.	

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 agree that 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 fully authorised user of this account or am authorised to make this request on behalf of the outgoing customer.

Full Name:	
Signature:	Date:

Section 2: Incoming customer to complete
 (this is the customer who will be receiving the service)

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





Yes – please provide us with the account number: _____

If you provide an existing account number, you do not need to fill in the below information. We will use the existing account to identify you and establish the new account for the transferred service(s).

No – please complete the following information below




SERVICE, BILLING & CONTACT DETAILS	
Application Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
ABN/ACN: (If applicable)	
Business Name: (If applicable)	
Surname:	First Name:
Physical Address:	Postcode:
Postal Address: <input type="checkbox"/> Tick if same as above	Postcode:
Email Address:	
Mobile No:	Home No:
Work No:	Date of Birth:

APPOINTMENT OF AN 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.	
Surname:	First Name:
Physical Address:	Postcode:
Postal Address: <input type="checkbox"/> Tick if same as above	Postcode:
Email Address:	
Mobile No:	Home No:
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.):	
_____ _____ _____ _____	

PAYMENT INFORMATION
We accept the following payment methods, details of which can be found on your monthly bill: <ul style="list-style-type: none">  BPAY®  Online via portal  PayPal®  Direct Debit




ACCEPTED FORMS OF IDENTIFICATION

You must be at least 18 years of age to apply for this service. In order to process your application, we require a copy of your photo ID. Accepted forms of ID include:

-  Driver's Licence
 -  Passport
 -  Proof of Age Card
- My photo ID is attached (compulsory)











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 and plan information. You may want to contact the outgoing customer to discuss this.
-  To discuss your pricing options after the transfer has taken place please contact Pentanet on 08 9466 2670
-  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;
-  to terms and conditions of Pentanet for the services being transferred to me (available online www.pentanet.com.au);
-  and acknowledge either receiving, or having the opportunity to review, a copy of the terms and conditions;
-  to fulfil all obligations imposed upon the current owner under the existing contract for the services;
-  and acknowledge that 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 agree that 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:

Submit your transfer request via:

-  Post to Pentanet, 2/8 Corbusier Place, Balcatta WA 6021 or;
-  Email to info@pentanet.com.au