



Change Of Ownership Authority Form

CURRENT CUSTOMER INFORMATION

Customer Name: _____
Account No. _____ **Company Name:** _____
Drivers License Number _____ **D.O.B** _____
Contact Phone: _____ **Contact Mobile:** _____
Account Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____

NEW CUSTOMER INFORMATION

Customer Name: _____
Email Address _____
Drivers License Number _____ **Company Name:** _____
Contact Phone: _____ **Contact Mobile:** _____
ABN (Business) _____ **D.O.B** _____
Account Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____

SERVICES TO BE TRANSFERRED

Service Number(s): _____
Service Address: _____
Suburb/City: _____ **State:** _____ **Postcode:** _____
Plan Details: _____
Cancel Date: _____

AUTHORISATION

I hereby authorise the above service(s) to be transferred to the abovementioned party.

Name 1: _____ **Sign:** _____ **Date:** _____
(Current Account Holder) (DD/MM/YY)

I have read the Critical Information Summary and Terms and Conditions and agree by signing this document As the new account holder, I understand that I am liable for all costs from the below date onward.

Name 2: _____ **Sign:** _____ **Date:** _____
(New Account Holder) (DD/MM/YY)

***Transfer Service(s) As Of:** _____

*Must be at least 7 working days after date of submission. (DD/MM/YYYY)

SENDING

Once complete please send back by:

Fax: 08 8461 9552

Email: support@selectel.com.au

Or **Post:** Customer Service, Shop 2, 2 Malone Street, MORPHETT VALE, SA 5162