



NEXT BUSINESS TELECOM

# Change of Ownership

Dear Customer,

To transfer ownership of your plan/service, both you and the applicant need to complete this form.

Please complete all sections and return by Fax to 1300 785 041 or via post to GPO BOX 774, Melbourne VIC 3001 or email to: admin@nbtelecom.com.au

Please PRINT and USE CAPITAL LETTERS:

### Step 1. To be completed by the current customer

**NBT Account Number:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(inc area code) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Service Been Transferred:** \_\_\_\_\_

### IMPORTANT

Services will only be transferred if the following are satisfied (Please allow up to 10 business days):

- If approved, your plan/s will be transferred under the same terms and conditions as currently exist with you unless otherwise requested.
- You must disclose to the applicant these terms and conditions including all fees and charges (this includes, call rates and access fees).
- Your plan and any associated fees and charges will remain with your account until the transfer is completed.
- Your account balance and any unbilled calls will remain on your account and will be billed to you up until when the service has been transferred.

I authorise NBT to transfer my account to (Applicant's Full Name): \_\_\_\_\_

I understand that I am still responsible for my services until such time as the transfer of ownership has been approved.

**Signature:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Step 2. To be completed by the applicant (applicant must be over 18 years of age to apply)

**Existing Customer:**  Yes  No

**Add to Existing Account:**  Yes  No

**NBT Account Number:** \_\_\_\_\_  
(existing customer only)

**Business Name:** \_\_\_\_\_

**Trading Name:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

**ACN:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(inc area code): \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Site address:** \_\_\_\_\_  
(if different)

**Suburb:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Drivers Licence:** \_\_\_\_\_  
(Required for Residential)

**Date of Birth:** \_\_\_\_\_



**Step 3. Please list all service number to be transferred**

**Service details**

Phone Number	Service: Phone, Fax, Mobile, Web, Other	Plan Name	Site Address

**Declaration and Agreement**

*I declare that I have read and understood the above conditions and I authorise the service on this form to be provisioned with NBT*

*Person signing this form is personally liable if they are not an authorised signatory for the company listed on this form applying for the services.*

**Name of Person Authorising:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_