



Change of Ownership Form

BUROSERV (ABN 45 135 379 387) of
Level 2, 9 Help Street Chatswood NSW 2067

Email: customer@buroserv.com.au

Website: buroserv.com.au

SECTION 1

EXISTING CUSTOMER DETAILS

| | | |
|----------------------|----------------------|----------------------|
| Account Name | Account Number | |
| <input type="text"/> | <input type="text"/> | |
| Contact Name | Contact Number | |
| <input type="text"/> | <input type="text"/> | |
| Mobile Number | Email Address | |
| <input type="text"/> | <input type="text"/> | |
| Address | | |
| <input type="text"/> | | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 2

NEW CUSTOMER DETAILS

| | | |
|---|----------------------|----------------------|
| Business / Company Name | <input type="text"/> | |
| Trading As | ABN / ACN | |
| <input type="text"/> | <input type="text"/> | |
| Contact Name | Contact Number | |
| <input type="text"/> | <input type="text"/> | |
| Mobile Number | Email Address | |
| <input type="text"/> | <input type="text"/> | |
| Address | | |
| <input type="text"/> | | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Billing Address (If different to above) | | |
| <input type="text"/> | | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



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SECTION 3

TRANSFER OF SERVICE

1) List service numbers you are agreeing to transfer to the new incoming customer.

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Transfer of service numbers to the new incoming customer effective from

2) List account numbers you are agreeing to transfer to the new incoming customer. (All services on the Account will be transferred to the new incoming customer.)

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Transfer of Account numbers to the new incoming customer effective from

AUTHORITY

Outgoing Customer

On behalf of the Outgoing Customer, I request that Buroserv transfer the legal responsibility of the services listed above to the Incoming Customer whose details are included in Section 2 of this form.

I acknowledge that:

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 from Buroserv.

I confirm that I have provided a copy of the contract associated with all services/accounts included in this transfer request to the Incoming Customer; and **I warrant that I am authorised to make this request on behalf of the Outgoing Customer.**

Incoming Customer

The new account holder must provide a Letter of Authorisation on company letterhead and signed by a Company Director or Authorised Representative. The Letter of Authorisation must include your Business Name, ABN and a Statement of Authorisation to approve the person signing this form to act on behalf of the business

Before agreeing to take over the ownership or lease of the above services, you must review and agree to the conditions set out in the relevant Critical Information Summary and SFOA.

Where services cannot be retained on the same plan because those plans are no longer available or you are not eligible for the plan, services will be transferred to standard pricing with no fixed contract term. To discuss your pricing options after the transfer has taken place please contact Buroserv on 1300 726 210.

The services listed above will be transferred as is along with any additional products attached to those services.

Silent Line subscription and associated charges existing on fixed services will remain when the service is transferred.

Priority Assistance existing on fixed services will be removed when the service is transferred.

On behalf of the Incoming Customer, I request Buroserv transfer the legal responsibility of the services listed above from the Outgoing Customer, whose details appear in Section 1 of this form to me, the Incoming Customer.

I agree:

I will be taking over the services listed above including any outstanding debt 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, unless the plan is no longer available, in which case I consent to Buroserv transferring the service to a reasonably comparable plan on standard pricing.

that acceptance of this request by Buroserv is subject to Buroserv's ordinary credit approval process

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to terms and conditions of Buroserv's SFOA located at <http://www.buroserv.com.au> and acknowledge either receiving, or having had the opportunity to review, a copy of the SFOA

to fulfil all obligations imposed upon the current owner under the existing contract for the services

I will be liable for all outstanding and future debts 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

that Buroserv may, subject to the Privacy Act 1988:

- a) verify my identifying information (such as my driver's licence or passport) with the document issuer or official record holder; and
- b) disclose information about me and this application (including information contained in any application for additional services and information about the conduct of my account) to a credit reporting body to obtain credit reporting information about me and to another credit provider or a debt collection agent to collect overdue payments relating to credit owed by me and to notify defaults by me to a credit reporting body; and
- c) obtain and use information about my creditworthiness (including consumer credit reporting information or a commercial credit report) from a credit reporting body or other business that reports on creditworthiness or from a credit provider to assess any application for services or to collect any overdue payments,

where applicable, I have read considered and understand the Buroserv Critical Information Statement and SFOA. I agree to the terms and conditions. and I have read and understand all statements made in this application form.

Previous Account Holder

Business / Company Name

Contact Name

Signature

Date

New Account Holder

Business / Company Name

Contact Number

Signature

Date