

## **CHANGE OF ACCOUNT OWNERSHIP AUTHORITY**

Please complete the below change of ownership authority form and fax back to 1300 557 615

	CURRENT MYOV	NN IEL CUSTOMI	EK INFORMATION	
stomer Name:				
ount No.	D.O.B (Residential)			
tact Phone:	ct Phone:		Contact Mobile:	
ount Address:				
urb/City:		State:	Postcode:	
	NEW C	USTOMER INFOR	RMATION	
tomer Name:				
ount No.		D.O.B (Residential)		
tact Phone:		Contact Mobile:		
ount Address:				
urb/City:		State:	Postcode:	
	SEDVI	CES TO BE TRANS	SEEDDEN	
vice(s):	SERVI	CES TO BE TRAIN	JI ERRED	
vice Address:				
urb/City:		State:	Postcode:	
n Details:				
cel Date:				
	ADD	ITIONAL INFORM	MATION	
		AUTHORISATIO	N	
I hereb	y authorise the above serv	vice(s) to be trans	ferred to the abovement	oned party.
	,			,
Name 1:		Sign:	Date:	
	(Current Account Holder)			(DD/MM/YY
Name 2:		Sign:	Date:	
	(New Account Holder)			(DD/MM/YY
Transfer S	ervice(s) As Of:			
			(DD/MM/YYYY)	
			older, I understand that I am liab these services from the date MyOw	

This Change of Ownership request will not be accepted unless submitted in tandem with a New Customer Application Form. Submitting these documents does not automatically guarantee acceptance by MyOwn Tel. Both the current and new customers will be notified in writing once this request is officially accepted and completed.

Change of Ownership Form.