

Change of Ownership Request

Complete this form to transfer a service from your name into someone else's. Both parties need to complete the details where stated, read the Terms and Conditions and sign. The ID requirements are regulatory and must be provided for the transfer to take place.

Please write neatly and send all 4 pages:

By email	help@konec.com.au
By post	L3, 5 Talavera Road Macquarie Park

Section 1 - The service/s to be transferred

Please tell us the account number, mobile service number(s) and associated SIM numbers that you would like to transfer to the new account holder. If you list all services associated with an account, the entire account will be changed to the new account holder's details and they will have full visibility of account history. If you are not transferring all of your services, a new account will be created and only the relevant services will be moved to the new owner.

Account number	Mobile number	SIM number

Do you have	a spec	inc date th	at you would like the change of ownership to take place?
Date	/	/	
The transfer	date c	annot be e	arlier than seven working days from the date this form is submitted. We
will attempt t	o trans	sfer the ser	vices on the date you have requested, however some requests may take
longer to cor	mplete	and we do	not guarantee that the transfer will take place on this date.

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Section 2a - Current account holder details

You must be the authorised account holder to sign and approve this change of owner. Please ensure the details below are a number and email address where you can be contacted after the transfer has taken place.

Full name and title					
Date of birth	/	/			
Contact number					
Email address					

Section 2b - The agreement (current account holder to sign and agree)

Before you agree to transfer ownership, you should be aware that:

- the new account holder will be liable for all outstanding amounts on the account once the transfer has completed
- billing, payment and usage history may be visible to the new account holder
- when the service is transferred to the new owner, any prepaid balance and remaining credits will transfer to the new owner.
- The details of the service will also be changed so that the new account holder becomes the owner of the service number(s) and is able to port/transfer the number to a new provider using their own details if they wish.

I request Konec Pty Ltd to transfer the legal responsibility of the services listed above to the new account holder whose details are included in Section 3a of this form.

I acknowledge that:

- I will remain liable for all debts incurred on the services listed above prior to the date of the transfer
- acceptance of this request by Konec Pty Ltd is subject to Konec's ordinary ID verification process;
- I have read and understand all statements made in this application form; and
- 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.

I warrant that I am the Legal Lessee or am authorised to make this request on behalf of the current account holder.

Full name				
Signature				
Date	/	/		

Section 3a - The new account holder (who the service is transferring to)

Title and full name							
Date of birth	/	,	/				
(Min. 16 years of age)							
Contact number							
Email address							
Street address (cannot be a PO Box address)							

Section 3b - The new account holder identity information

Important - We are required by law to verify your identity before we can transfer a prepaid service into your name. You must provide details pertaining to <u>at least 2</u> of the following documents to enable us to verify your identity electronically in line with our ID verification policy. If we are not able to successfully verify your identity, we will contact you to let you know.

Option 1 - Driver's licence information
State of issue Licence number
Licence card number
Option 2 - Medicare card information
Medicare number: (10 digits)
Individual Reference Number (left of your name)
Your name exactly as it appears on your Medicare Card:
Card colour (please tick one): Green \square Blue \square Yellow \square
Expiry date (DD / MM / YYYY): / /
(If your expiry date only shows MM YYYY, enter that information and leave the DD field blank)
Option 3 – Australian or Foreign Passport
Passport number
Issuing country
Expiry date

Section 4 - The agreement (new account holder to sign)

Before you agree to accept transfer of ownership, you need ensure you fully understand the policies, terms and conditions, plan allowances, rates, fees and the ongoing cost of the service. These can be found at www.konec.com.au

I request Konec Pty Limited to transfer the legal responsibility of the services listed above from the current account holder, whose details appear in Section 2 of this form to me, the new account holder.

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- that if Konec Pty Ltd (Konec) accepts this request, the above services will be provided by Konec to me, the new account holder, in accordance with its standard terms and conditions;
- that acceptance of this request by Konec is subject to Konec's ordinary ID verification process as per the ID verification policy available to me online at www.konec.com.au/legals;
- to Konec's Terms and Conditions relating to the service which can be found at <u>www.konec.com.au/legals</u> and acknowledge either receiving, or having had the opportunity to review, a copy of the Terms;
- to fulfill 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, unless the plan is no longer available, in which case I consent to Konec transferring the service to standard pricing;

- 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 new account holder.

Full name					
Signature					
Date	/	/			

Thank you

This request will be actioned within 2 business days following receipt - except where a specific date has been requested - and will be delayed if all the requested information has not been provided or is incorrect.