

## CHANGE OF OWNERSHIP

Email: billing@freedominterr	iet.co.nz			
Previous Account Holder Deta		Current Account No:		
Account Number:	Account Name:			
Contact Name:				
Billing Address:			State:	Postcode:
Postal Address:			State:	Postcode:
Contact Phone #:		Mobile Phone #:		
Email Address:				
New Account Holder Details				0:
ABN / NZBN #:	Date of Birth	n: / /		
Account Name:				
Contact 1:		_Contact 2:		
Billing Address:			State:	Postcode:
Postal Address:			State:	Postcode:
Contact Phone #:		Mobile Phone #:_		
Email Address:				
Authorisation: Both Parties agree that all the or Upon signing this form, the Prand all services associated with Upon signing this form, the Normall services associated with the have read the terms and conditional will not affect the New Account & Conditions.	revious Account Holder th this account to the Ne ew Account Holder agree is account from the Pre ions and agrees to be bo	r agrees to transfer a ew Account Holder. ees to accept all resp evious Account Hol ound by them and to	oonsibility and righder. The New Accundertake a standa	nts of the Above Account and ount Holder agrees that they ard credit check. Cancellation
Name of Previous Account Hole	der:			
Date:				
Signature of Previous Account I	Holder:			
Name of New Account Holder:				
Date:	· · · · · · · · · · · · · · · · · · ·			
Signature of New Account Hold	ler:			

Freedom Internet Limited Page 1 of 1