

ANT Communications Change of Ownership Form



Customer Details

Original Customer

| | |
|-----------------|--|
| Name: | |
| Date of Birth: | |
| Phone: | |
| Email: | |
| Account Number: | |

Address:

I hereby agree to relinquish the account to the new customer detailed below:

Original Account Holder Signature

Date

New Customer Details

| | |
|------------------|--|
| Name: | |
| Date of Birth: | |
| Phone: | |
| Email: | |
| Drivers License: | |

By signing this form, you agree to take ownership of the account.

New Account Holder Signature

Date

The current direct debit authority will cancel effective from the date of signing this form*. Please fill in the form on the next page to set up the new Direct Debit Authority.

*There may be a final invoice sent to the old account holder to settle this account. This is the responsibility of the old account holder to settle in full.