

Residential Services Transfer Form

CUSTOMER INFORMATION

To be completed by the person whose name appears on your current telephone account

Mr/Mrs/Ms	First Name	Middle Name	Family Name
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Service Address	State	Postcode
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Billing Address	State	Postcode
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Contact Phone	Fax
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Mobile	Date of Birth
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Time at present address	<input type="text"/> Years	<input type="text"/> Months
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Previous Home Address (if at current address less than 3 years)	State	Postcode
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Date of Birth (DD MM YY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Drivers Licence No.
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SERVICE INFORMATION

Plan:

Please write the phone numbers (incl. Area Code) you wish to switch (*Fixed lines only - not mobile phones*)

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What **PLAN** do you want to placed on? (e.g. Home Choice)

Which phone company provides your local calls at present?

TRANSFER AUTHORITY

1. I have the authority to make this change and I certify the details are correct. 2. I agree to switch my fixed telephone services to Southern Phone Company Ltd and I appoint Southern Phone Company Ltd my agent to transfer these services from my current supplier. 3. I authorise Southern Phone Company to choose my carrier for these services. 4. I understand Southern Phone will bill me for all charges for the services provided to the telephone numbers listed above and I agree to pay those charges. 5. I remain responsible to my current supplier of services for any charges incurred on the telephone numbers above up until the date the transfer is effective and I understand I may surrender incentives or benefits from my current supplier (eg discount offers) from that date. 6. I give my consent for Southern Phone Company Ltd to obtain credit information about me, and to disclose this information to a Credit Agency for the purpose of assessing this application. 7. Southern Phone Company Ltd may collect and maintain my personal information in accordance with the Privacy Act 1988. I consent to that information being given to suppliers to allow the services to be provided. 8. I acknowledge I will have to abide by the Terms and Conditions.

Print Full Name

Signature

Date

RETURN THIS FORM

Please post this form to:

Or return by fax to:

CONTACT

1300 725 913