Trikon
Telco | Energy | Web

Official PLATINUM Partner
MELBOURNE RENEGADES

500 Deloitte. Technology Fast 500 2020 WINNER

Trikon Pty Ltd
ABN : 47 124 822 591
12/5 Meridian Place
Bella Vista, NSW 2153
Support 1300 880 687

## TRANSFER OF OWNERSHIP

Customer Type: Existing Customer
Reference Number:
Account Number:

## COMPANY'S DETAILS

Company/Business Name:
Business Trading Name:
ACN:
ABN:
Phone:
Fax:
Email:

Address:
Sub Address:
Suburb:
State:
PostCode:

## DIRECTOR'S DETAILS

MR MRS MISS MS DR OTHER

First Name:
Last Name:
Date Of Birth:
Primary ID: Driving Licence
Driving Licence No.
Licence Expiry Date:

Email:
Mobile:
Landline:
Secondary ID: Medicare Card
Medicare Card No.
Medicare Card Expiry:

## ADDITIONAL REPRESENTATIVE - CONTACT DETAILS

MR MRS MISS MS DR OTHER

First Name:
Last Name:
Date Of Birth:
Primary ID Type: Driving Licence
Driving Licence No:
Licence Expiry Date:

Email:
Mobile:
Landline:
Secondary ID Type: Medicare Card
Medicare Card No:
Medicare Card Expiry:

### Account Verification Password:

*Minimum 6 Alphanumerical Characters

*Please ensure for all Full/Authority contacts ID Copies are to be emailed to billing@trikon.com.au

### Limited Authority Contact Options

*ID copies not Required for the following.
*ID Details are required for verification.

Site Contact | Technical Contact | Support Contact

### Services to be transferred

### Full Authority Contact Options

* ID Copies MANDATORY for the following.
* ID Details are required for verification.

**Full/Primary Authority**

- Can only be appointed by the Account Holder (Legal Lessee).
- Must be at least 18 years old.
- Isn't financially liable for the costs and debts incurred on the account holder's account.
- Access to all information on account and may act on behalf of the Account Holder

**3rd Party Authority**

- Must be at least 18 years old
- Must provide us with documents that confirm their position
- Power of Attorney, Liquidation Representative
- Has the same permissions as a Full Authority Contact

Please Sign and Date

For any additional information or questions please contact Trikon Customer Support on 1300 880 687
or email billing@trikon.com.au *Terms and conditions for additional contacts available through request*

Once Submitted Please allow 24/48 Business Hours To be Actioned.

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Support 1300 880 687

# TRANSFER OF OWNERSHIP

Customer Type: New Owner
Reference Number:
Account Number:

## COMPANY'S DETAILS

Company/Business Name:
Business Trading Name:
ACN:
ABN:
Phone:
Fax:
Email:

Address:
Sub Address:
Suburb:
State:
PostCode:

## DIRECTOR'S DETAILS

MR MRS MISS MS DR OTHER

First Name:
Last Name:
Date Of Birth:
Primary ID: Driving Licence
Driving Licence No.
Licence Expiry Date:

Email:
Mobile:
Landline:
Secondary ID: Medicare Card
Medicare Card No.
Medicare Card Expiry:

## ADDITIONAL REPRESENTATIVE - CONTACT DETAILS

MR MRS MISS MS DR OTHER

First Name:
Last Name:
Date Of Birth:
Primary ID Type: Driving Licence
Driving Licence No:
Licence Expiry Date:

Email:
Mobile:
Landline:
Secondary ID Type: Medicare Card
Medicare Card No:
Medicare Card Expiry:

**Account Verification Password:**

*Minimum 6 Alphanumerical Characters

*Please ensure for all Full/Authority contacts ID Copies are to be emailed to billing@trikon.com.au

### Limited Authority Contact Options

*ID copies not Required for the following.
*ID Details are required for verification.

Site Contact Technical Contact Support Contact

### Full Authority Contact Options

* ID Copies MANDATORY for the following.
* ID Details are required for verification.

**Full/Primary Authority**

- Can only be appointed by the Account Holder (Legal Lessee).
- Must be at least 18 years old.
- Isn't financially liable for the costs and debts incurred on the account holder's account.
- Access to all information on account and may act on behalf of the Account Holder

**3rd Party Authority**

- Must be at least 18 years old
- Must provide us with documents that confirm their position
- Power of Attorney, Liquidation Representative
- Has the same permissions as a Full Authority Contact

**Date of transfer of services**
(effective upon completed submission)

For any additional information or questions please contact Trikon Customer Support on 1300 880 687
or email billing@trikon.com.au *Terms and conditions for additional contacts available through request*

Please Sign and Date

Once Submitted Please allow 24/48 Business Hours To be Actioned.