



Change of Ownership Form – Current/Outgoing Account Holder

By completing and signing this form, you are transferring one or more services from your existing DCSI account to a new DCSI account holder. You will no longer have access to the account or any of the associated features of the transferred services unless you are granted access by the new account holder.

Any outstanding balance must be cleared before transfer will be completed. You should make arrangements with the new account holder to settle any financial issues prior to submitting this form.

The New/Incoming Account Holder must complete and return the second page of this form. Transfer will not complete until we have received both completed sections.

You have three options for your existing DCSI email addresses:

Close – email address will be terminated upon completion of transfer

Transfer – email address will be transferred with the service to the new account holder

Keep – if you have another eligible DCSI service, you may elect to keep your email addresses. Please provide details of the service you are transferring the email address to. Note that you can have a maximum of 5 email addresses per service.

Current Account Details

Account holder name: _____

Details of the Service/s to transfer: _____

Contact phone number: _____ Date to Transfer: ____/____/____

DCSI Email addresses:

- | | | |
|----------|--------------|---------------------|
| 1) _____ | @dcsi.net.au | Close/Transfer/Keep |
| 2) _____ | @dcsi.net.au | Close/Transfer/Keep |
| 3) _____ | @dcsi.net.au | Close/Transfer/Keep |
| 4) _____ | @dcsi.net.au | Close/Transfer/Keep |
| 5) _____ | @dcsi.net.au | Close/Transfer/Keep |

Declaration for Current/Outgoing Account Holder

I, the above named, declare that:

- I am the named owner of the above account.
- I agree to arrange payment of any outstanding fees or charges relating to the service incurred prior to the transfer.
- I am aware that I will lose all administrative control over the above named services and any associated add-ons (eg data blocks or static IP addresses).
- I give DCSI permission to transfer the above services to the new account holder named on the following page.

_____/_____/_____
Signature Date



Change of Ownership Form – New/Incoming Account Holder

By completing and signing this form, you are transferring one or more services from an existing DCSI account into your own name. You are agreeing to take over responsibility for the account, including financial responsibility.

Any outstanding balance must be cleared before transfer will be completed. You should make arrangements with the previous account holder to settle any financial issues prior to submitting this form.

The Current/Outgoing Account Holder must complete and return the first page of this form. Transfer will not complete until we have received both completed sections.

New Account Details

Account holder name: _____

Contact phone number: _____ Date of Birth: ____/____/____

Contact email address: _____

Postal address: _____

Preferred payment method: see <https://www.dcsi.net.au/support/accounts>

Details of the Service/s to transfer: _____

_____ Date to Transfer: ____/____/____

Nominate Authorised Contacts

By default, your Authorised Representative/s can communicate with us regarding your service with the same level of access as you do. They can make alterations to your plan, subscription or details, request payment histories and undertake all other actions including requesting termination of the service. If you wish to specify limitations to your Authorised Contact’s rights, please call us.

_____ Email _____

_____ Email _____

Declaration for New/Incoming Account Holder

I, the above named, declare that:

- I agree to accept the transfer of ownership of this DCSI service into my name and I assume responsibility for the service.
- I agree to be responsible for all fees and charges related to these services after the transfer has been completed.
- I am aware I can contact DCSI to change the subscribed plan of my service once transfer is complete, and if I do not do this then I accept that I will continue on the existing plan and pricing.
- I have read, and accept, the Terms of Service (<https://dcsi.net.au/legal/terms-of-service>)
- (VoIP/Fixed Line Phone Only) I have signed and returned the CSG Waiver.

_____ / ____/____

Signature

Date