

When completed: Fax to us on 1300 725 726 or Mail to GPO Box 84A, Melbourne VIC 3001.

TSD reference (HICAPS only)

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Important note: HICAPS requires a minimum of 3 weeks notice to process a change of ownership. This form is notification only from the current owner of the change of ownership. Once this form is received a Sales Consultant will contact the new owner to arrange contracts.

Your Practice Details

Practice/Legal Name	Merchant Number	Terminal Number
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Site Address

Street		
Suburb	State	Postcode

Current Owner

Mailing Address (for closing statements)

Street		
Suburb	State	Postcode

New Owner

Name	Contact Phone Number

Date Effective / / HICAPS/EFTPOS facility to be changed over.

Authorised signatures (to be signed by all signatories to the current contracts)

Signature	Signature
Name	Name
Position (circle as applicable)	Position (circle as applicable)
Director / Partner / Sole Trader	Director / Partner / Sole Trader
Date	Date
/ /	/ /