

HICAPS Pty Ltd
ABN 11 080 688 866
A wholly owned subsidiary of National Australia Bank Ltd
ABN 12 004 044 937
Tel: 1300 650 852
Fax: 1300 725 726

IMPORTANT NOTE: Please allow 3 weeks for HICAPS to process this request.

| | |
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| To help us process your request in a timely manner, please send this checklist along with the listed documentation and attached Change of Ownership form. | |
| Email: | hicapscustomerfulfilment@hicaps.com.au |
| From: | |
| Mail: | GPO Box 84A, Melbourne VIC 3001 |
| If you have any questions, please do not hesitate to contact us via email or phone on 1300 233 757 . | |

Completed and attached Change of Ownership form

Bank Account details

Before we proceed with drafting the Change of Ownership contracts we require formal confirmation of the requested bank account. Please send through a bank statement, deposit slip or a letter from your financial institution for the nominated bank account as confirmation. The document must include the account name, account number, BSB and the bank's logo. Please note we will not accept a printed bank statement from your online banking account.

ABN

An ABN must be registered for the legal entity under which the contracts will be created in.

Trust Details

If you would like your account in the name of a Trust or linked to the ABN of a Trust, please provide a copy of the signed Trust Deed to ensure the Trustee details are accurately captured. (we only require 3 pages - the cover page, the trustee pages and the signing page) to confirm the Trustees of the Trust.)

Additional Providers

Further, in the event that any additional providers will be joining the practice, please provide their Medicare/Medibank Provider Letters for addition to the terminal.

Please confirm as the new owner that you have provided the above listed items, the checklist and the attached Change of Ownership request form.

Name

Signature

When completed: Fax: **1300 725 726** or
Email: **hicapscustomerfulfilment@hicaps.com.au** or
Mail: GPO Box 84A, Melbourne Vic 3001

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 HICAPS sales representative will contact the new owner to arrange contracts.

A Practice Details

| | | |
|----------------------|----------------------|----------------------|
| Practice/Legal Name | Merchant Number* | Terminal Number(s) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street | <input type="text"/> | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

B Current Owner

| | |
|----------------------|----------------------|
| Signature | Signature |
| <input type="text"/> | <input type="text"/> |

Mailing Address (for closing statements)

| | | |
|----------------------|----------------------|----------------------|
| Street | <input type="text"/> | |
| Suburb | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

C New Owner

| | |
|----------------------|----------------------|
| Name | Contact Phone |
| <input type="text"/> | <input type="text"/> |
| Fax | Contact Mobile |
| <input type="text"/> | <input type="text"/> |
| Email | <input type="text"/> |
| <input type="text"/> | |
| ABN | |
| <input type="text"/> | |

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