



AU Application for a Principal Change of Ownership

CHECKLIST

- The form must be signed by both the Previous and New Owners:

Previous Owner – this is the old owner/s of the business that Ezypay currently has on record. The previous owner/s must sign this form for Ezypay to accept and process this form, where this is not possible, satisfactory evidence must be provided by the new owner before the form will be accepted and processed by Ezypay (including the releasing of funds).

New Owner – this is the person/s that now owns the business. The new owner is required to submit the required documentation (see section 3) before this form will be accepted and processed by Ezypay.

- The new owner must obtain clear and readable copies of the following documents and submit with this form:

- A clear and current copy of a bank statement used for Ezypay distribution payments (as per section 2, Distribution of Customer Payments)
- A clear copy of the owner's, director's or proprietor's drivers licence (both sides)
- A copy business incorporation or ABN certificate.

- Submit this form, including the abovementioned documentation, allowing 14 working days to process: Stone & Chalk - Level 1/477 Pitt St, Sydney NSW 2000 or email help@ezypay.com

1. Current Principal Details (previous owner to complete)

Business Name: _____

Trading Name: _____

Principal ID Number: _____

ABN/ACN: _____

2. New Business Details (new owner to complete)

Business Name: _____

Trading Name: _____

ABN/ACN: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____ @ _____

Direct Phone: _____ Fax: _____

Owners Details:

Name: _____ Email: _____ @ _____

Phone: _____ Mobile: _____

Name: _____ Email: _____ @ _____

Phone: _____ Mobile: _____

Distribution of Customer Payments:

Note: this account must be in the business name or in the owner's, director's or proprietor's name.

Name of Financial Institution: _____

Name of Account: _____

BSB: Direct Debit Authority:

Note: this account must be in the business or guarantor's name.

I / we authorise Ezypay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

Name of Financial Institution: _____

Name of Account: _____

BSB: _____ Account Number: _____

4. Authorisation

Previous Owner/s:

I/we acknowledge that the last billing date for distribution is / / (Please note this must be a Friday for weekly distribution or the last day of the month for monthly distribution.) All payments billed after this date will be forwarded to the new owners for distribution.

Name: _____

Signed: _____ Date: ____/____/____

Name: _____

Signed: _____ Date: ____/____/____

New Owner/s:

I/we understand that I/we will continue the iconnect360 licence agreement as stands currently and that the account details listed for direct debit authority will be the designated account for the billing of the licensing fees(if applicable).

I/we acknowledge that by signing this application form I/we am bound by the Ezypay terms and conditions which can be found at <https://www.ezypay.com/>

Name: _____

Signed: _____ Date: ____/____/____

Name: _____

Signed: _____ Date: ____/____/____