



NZ 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 guarantor's drivers licence (both sides)
- ☐ A copy business incorporation.

- ☐ Submit this form, including the abovementioned documentation, allowing 14 working days to process: nz.hello@ezypay.com

1. Current Principal Details (previous owner to complete)

Business Name: _____

Trading Name: _____

Principal ID Number: _____

Incorporation Number (if applicable): _____

2. New Business Details (new owner to complete)

Business Name: _____

Trading Name: _____

Incorporation Number (if applicable): _____

Postal Address: _____

Suburb: _____ City: _____

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 or guarantor's name

Name of Financial Institution: _____

Name of Account: _____

Bank Number: _____ Branch Number: _____

Account Number: _____ Suffix: _____

Direct Debit Authority:

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

I/We authorise you until further notice in writing to debit my/our account with you all amounts which EZYPAY NEW ZEALAND PTY LIMITED (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code may Initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this Authority. Information to appear in my/our bank statement.

Payer Particulars – Ezypay NZ Pty Ltd
Payee Code / Payer Reference - Ezypay NZ Pty Ltd
Authorisation Code – 1206481

Name of Financial Institution: _____

Name of Account: _____

Bank Number: _____ Branch Number: _____

Account Number: _____ Suffix: _____

3. Guarantor

This section must be completed and signed by the owner, director or departmental head if a council or government department.

Guarantor's Name: _____

Guarantor's Address: _____

Suburb: _____ State: _____ Postcode: _____

Direct Line: _____

Industry: _____

I personally guarantee the performance and observance by the Principal of all its obligations under the Agreement including the payment by the Principal on demand of any monies owing to Ezypay by the Principal under the Agreement and also including the indemnities provided by the Principal to Ezypay under the Terms and Conditions. I acknowledge and understand that, if the Principal breaches the Agreement, Ezypay may sue me personally for any monies or damages owed under the Agreement whether or not Ezypay has sued the Principal.

Sign: _____

Date: ____/____/____

Witness: _____

Date: ____/____/____

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: ____/____/____