

Change of Ownership Form

Ref./Account No.:



GO, Triq Fra Diego, Marsa, MRS 1501, Malta
t 8007 2121 f +356 2594 5895
e customercare@go.com.mt w www.go.com.mt
Company Registration Number: C22334
EXO 413 - VAT Registration Number: MT1282-6209

Outlet/Department:	Date:
--------------------	-------

PERSONAL DETAILS

Company Name:		Account No.:
Name & Surname:		
Postal Address:		
Postcode:	I.D. Card/Passport No.:	Nationality:
E-Mail Address:		C-Reg. No.:
Contact No/s.:		VAT No.:
Installation Address:		
Account Type:	Business <input type="checkbox"/> Residential <input type="checkbox"/>	Receive Promotional Material: Yes <input type="checkbox"/> No <input type="checkbox"/>

SERVICES TO BE TRANSFERRED

PACKAGE

Package Service:

TELEPHONE

Telephone No/s.:
Telephone Service /s:

INTERNET

Internet No.:
Internet Service /s:
Internet Username:
Additional Mailboxes:
Modem Type:
Modem Serial No.:

TELEVISION

Television Tariff:		
Television Card No./IPTV No.	Equipment Type	Equipment Serial No.

DECLARATION

RELEASE

I, the undersigned, declare that I wish to release the ownership of the service/s listed above and transfer this/these service/s to the New Owner specified above. I agree that I shall be held responsible for the usage and payment of the amounts due on this/these service/s until the date of processing of this form by GO.

Old Account No.: _____

Name & Surname (Block): _____

I.D. Card/Passport No.: _____

Signature: _____

o.b.o.: _____

(Attach Authorisation Letter and/or Death Certificate)

OFFICE USE

GO Rep. Name & Surname: _____

ACCEPTANCE

I, the undersigned, declare that I wish to take ownership of the service/s listed above. **I agree to assume full responsibility for the use and payment of these services as specified in GO's Terms and Conditions.**

New Account No.: _____

Name & Surname (Block): _____

I.D. Card/Passport No.: _____

Signature: _____

o.b.o.: _____

(Attach Authorisation Letter)

GO Rep. Signature: _____