

Transfer Ownership Form

This form is exclusively for IFA Telecom Customers seeking to change the ownership of their account to a new account holder. To request a change of ownership, please fill out the form below and submit the completed form to IFA Telecom via post at the following address IFA Telecom, Irish Farm Centre, Bluebell, Dublin D12 YXW5, or by email at info@ifatelecom.ie.

Account Information	
Account Name:	Account Number:
<input type="text"/>	<input type="text"/>
Mobile Phone Number:	Email Address:
<input type="text"/>	<input type="text"/>
Account Address:	
<input type="text"/>	
Please Confirm Your IFA Telecom Services	
<input type="checkbox"/>	Phone Service
<input type="checkbox"/>	Broadband Service
<input type="checkbox"/>	Phone and Broadband Services
Request Information	
New Account Owner:	New Account Owners Contact Number:
<input type="text"/>	<input type="text"/>
	New Account Owners Email Address:
	<input type="text"/>
Specify the individual submitting this request.	<input type="checkbox"/> I am the current account holder
	<input type="checkbox"/> I am submitting on behalf of the account holder
Specify the reason for this request	<input type="checkbox"/> Transfer to a family member
	<input type="checkbox"/> Transfer due to relocation
	<input type="checkbox"/> Transfer due to medical incapacitation
	<input type="checkbox"/> Transfer due to the death of the account holder
	<input type="checkbox"/> Transfer due to a legal change in ownership
	<input type="checkbox"/> Other (please specify)
If Other, please specify	
<input type="text"/>	

Request Confirmation

Please be advised that by submitting this request, all parties involved agree that transferring ownership of the specified IFA Telecom Account involves transferring complete ownership and management of the current account. This transfer includes providing the new owner with access to all account-related information and full control. This level of control allows for decision-making on various aspects of the account, including payments, billing arrangements, agreements, and even service terminations.

EXISTING ACCOUNT HOLDER (IF APPLICABLE):

I formally request the transfer of ownership for my IFA Telecom account. The account is currently registered at the address specified above and I am seeking to transfer ownership to the user noted above.

Existing Account Holders Signature

Date Signed:

NEW ACCOUNT HOLDER (MANDATORY):

I hereby confirm my intention to assume ownership of this account, and by providing this confirmation, I acknowledge and accept the standard terms and conditions of IFA Telecom. I also understand that I am responsible for the management of this account, including all future payments.

New Account Holders Signature:

Date Signed:

All fields are mandatory. The change of ownership may take up to 5 working days to process once this form is submitted.

Payment Information

With this account change, please specify your choice regarding the payment method. You may opt to retain the current payment method, set up a new direct debit in the new account holder's name, or choose to manage future payments manually.

- Existing Direct Debit** - The Direct Debit details currently in use on the account should remain the same for all future payments.
- Update Direct Debit** - I wish to change the Direct Debit details on the account and have completed the enclosed Direct Debit mandate to return to IFA Telecom.
- Activate Direct Debit** - The account is not currently paid by Direct Debit, but I have enclosed the completed Direct Debit mandate form to initiate Direct Debit payments on the account.
- Non Direct Debit** - I do not want Direct Debit. I wish to make all future payments for this account by phone or in my local post office.

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) – to be completed by IFA Telecom Limited.

By signing this mandate form, you authorise (A) IFA Telecom Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from IFA Telecom Limited.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete fields marked with an asterisk* (other fields are optional) using BLOCK CAPITALS.

Customer Name*			
Customer Address*			
City/Town*			
County*			
Country			
Your Account Number – IBAN*			
Your bank identifier code – BIC*			
Creditor's name			
Creditor's identifier			
Creditor address			
Type of payment	Recurrent payment	Once-off payment	

Signature 1*		Date Signed*	
Signature 2		Date Signed	

Return completed form to: IFA Telecom, Irish Farm Centre, Bluebell, Dublin D12 YXX5

For information purposes only. If you are an IFA member, please provide your IFA membership number.	
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