

Transfer of Ownership

This form is for IFA Telecom customers who wish to transfer their account ownership to a new account holder. To request a change of ownership, complete the form and send it via email to support@ifatelecom.ie, or post it to: IFA Telecom, Irish Farm Centre, Bluebell, Dublin D12 YXW5.

Account Information

| | |
|-----------------|--|
| Full Name: | |
| Account Number: | |
| Contact Number: | |
| E-mail Address: | |
| Full Address: | |

Requester Details

Please specify if you the requester, is the current account holder or submitting this request on behalf of the account holder.

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I am the account holder

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I am submitting it on behalf of the account holder.

Reason for Request

Please highlight the reasons behind this transfer request.

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New Account Owner Details

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| Full Name: | |
| Mobile Number: | |
| Landline Number: | |
| Email Address: | |

Please Confirm the chosen method of payment for future bills.

Please specify if you the requester, is the current account holder or submitting this request on behalf of the account holder.

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Direct Debit (Page Three)

☐

Please Contact me to arrange payment.

Additional Information

Please highlights any additional information or requests you have relating to this request.

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Declaration and Signature(s)

By signing this form, all parties confirm that the transfer of ownership constitutes a complete handover of the current account, including access to all account information and full management rights. If applicable, the current account holder agrees to relinquish all rights to access information, make changes, or manage the account once the transfer is complete. This transfer grants authority over payments, billing, service agreements, and any potential service terminations. The new owner acknowledges and accepts these responsibilities and agrees to comply with the terms and conditions of IFA Telecom.

The terms and conditions governing this transfer can be viewed at www.ifamemberservices.ie. A copy can also be requested by contacting IFA Telecom Support.

By completing and submitting this form, both the current and new account holders confirm they understand the full scope of the transfer and agree to adhere to IFA Telecom's terms and conditions. The transfer will be processed once the information provided has been successfully validated and may require further verification if deemed necessary. Both parties agree that the ownership transfer encompasses all rights, responsibilities, and obligations related to the account.

CURRENT ACCOUNT HOLDER (IF APPLICABLE)

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

Signature:

Date of Signature:

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NEW ACCOUNT HOLDER (REQUIRED)

I confirm my intention to assume ownership of this account. By doing so, I acknowledge and accept IFA Telecom's terms and conditions. I understand that I am responsible for managing this account, including all future payments.

Signature:

Date of Signature:

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All fields are mandatory. The change of ownership may take up to 5 working days to be processed once this form is submitted. During this period, IFA Telecom may contact the new account holder for confirmation or additional verification using the contact details provided. If you have any difficulties or have any questions regarding this process, please contact the IFA Telecom Customer Support team on 0818 924 851.

SEPA Direct Debit Mandate

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

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By signing this mandate, you authorise IFA Telecom Limited to send instructions to your bank to collect payments from your account. You also agree that your bank will process these payments in accordance with IFA Telecom Limited's instructions.

You have the right to request a refund from your bank if applicable, under the terms of your banking agreement. Any refund must be claimed within 8 weeks of the date your account was debited. For more information about your rights, please ask your bank for a statement.

Please complete all fields marked with an asterisk (*). Other fields are optional. Use **BLOCK CAPITALS** when filling out this form.

Account Holder

| | |
|-----------------|--|
| Your Name* | |
| Contact Number* | |
| E-mail Address* | |
| Full Address* | |

Debiting Account Details

| | |
|-------|--|
| BIC* | |
| IBAN* | |

Creditor Account Details

| | |
|-----------------------|---|
| Creditor's Name | IFA TELECOM LIMITED |
| Creditor's Identifier | IE 32SDD303648 |
| Creditor's Address | IFA TELECOM, IRISH FARM CENTRE, BLUEBELL, DUBLIN 12, D12 YXW5 |

Type of Payment

☐

Recurring Payment

☐

One-off Payment

Customer Signature(s)

| | | | |
|--------------|--|--------------|--|
| Signature 1* | | Date Signed* | |
| Signature 2 | | Date Signed | |

Please ensure all fields marked with * are completed and return the form to IFA Telecom, Irish Farm Centre, Bluebell, Dublin 12, D12 YXW5. If you require any assistance, please contact our customer support team on 0818 924 851.