

Authorised Contact Form

Westnet Contact Details

Westnet Pty Ltd ABN: 50 086 416 908 Sales: 13 19 60
Level 7, 152 St George's Tce, Perth, 6000 Support: 1300 786 068
GPO Box C121 Perth 6839 Web: <http://www.westnet.com.au>

Please complete this form and fax it back to 1300 554 160

Customer Details

If the Westnet customer is a business, a letter on a business letterhead requesting these changes should also be included

| | | | |
|--|----------------------|----------------------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Business Name (if applicable) | <input type="text"/> | ABN | <input type="text"/> |
| Address <input type="text"/> | | | |
| Suburb / Town | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |
| Daytime Phone Number | <input type="text"/> | Mobile Phone Number | <input type="text"/> |
| () | | | |
| After Hours Phone Number | <input type="text"/> | Fax Number | <input type="text"/> |
| () | | () | |
| Current Username | <input type="text"/> | | |

Authorised Contact Details

| | | | |
|--------------------------------------|----------------------|-----------------------|----------------------|
| Authorised Person | <input type="text"/> | Contact Number | <input type="text"/> |
| Drivers License Number | <input type="text"/> | Date of Birth | <input type="text"/> |
| Business Name (if applicable) | <input type="text"/> | ABN | <input type="text"/> |
| Address | <input type="text"/> | Agent ID | <input type="text"/> |
| Suburb / Town | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |

Authorised Contact Form

Authorised Contact Details

Authorised Person

Contact Number

Drivers License Number

Date of Birth

Business Name (if applicable)

ABN

Address

Agent ID

Suburb / Town

State

Postcode

Declaration

I acknowledge that the person/people listed in the Authorised Contact Details section of this document will be authorised to act on my behalf in contacting Westnet in relation to my account. I understand that they will still be required to verify details about my account, for example the username and password, alternatively 4 points of identification relating to themselves that they have supplied on this form. Please fax form once completed to 1300 554 160.

Member Name

Signature

Date - (DD/MM/YYYY)

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