

Transfer of Ownership



Please complete the application form clearly in BLOCK CAPITALS with a ballpoint pen, ensuring all sections are completed correctly. The customer must show two original forms of identification. Please attach copies of the two documents to this application form.

Section 1 To be completed by the existing Vodafone Customer.

Customer's name or company name in full <input type="text"/>	Number to be transferred <input type="text"/>	For company transfers, use company name.
Account contact <input type="text"/>	Customer's address <input type="text"/>	For individual transfers, use first name, surname, title; Mr, Mrs etc, respectively.
Date of birth <input type="text" value="DD/MM/YY"/>	Position/title in the company (if applicable) <input type="text"/>	For company transfers specify position/title of authorised signatory.
I am authorised to transfer service to the named individual/company as detailed in Section Two. I understand that this transfer of service is being done on a division of accounts basis and the existing Customer is liable for all charges incurred on the service up to the time Vodafone accept this application.		
Signature <input type="text"/>		

Section 2 To be completed by the new Customer.

Customer's name or company name in full <input type="text"/>	Customer's address for correspondence (monthly account will be sent here) <input type="text"/>	If new Customer is an existing Vodafone Customer, please state existing Vodafone number.
Account contact (if applicable) <input type="text"/>	Existing Vodafone number <input type="text" value="08"/>	Date of birth (for validation) <input type="text" value="DD/MM/YY"/>
Principal User <input type="text"/>	Existing Vodafone number <input type="text"/>	
Home phone number <input type="text"/>	IMEI number <input type="text"/>	
Work phone number <input type="text"/>	Work phone number <input type="text"/>	

Section 3 Service and price plan.

Personal Price Plan	Business Price Plans	Services
Price plan <input type="text"/>	Price plan <input type="text"/>	International Calls <input type="checkbox"/>
Add-on <input type="text"/>	Add-on <input type="text"/>	Directory Enquiry <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Caller Display <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Insurance plan <input type="text"/>
<input type="text"/>	<input type="text"/>	

If moving from a personal to an existing business company account, please speak to your account contact in your company.

Advance payments Yes <input type="checkbox"/> No <input type="checkbox"/>	Deposit Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount € <input type="text"/>	Amount € <input type="text"/>

Simply complete this mandate for either bank or credit card Direct Debit and return it to Vodafone Ireland Limited, MountainView, Leopardstown, Dublin 18.



Please pay your current Vodafone bill in the usual way. When we receive the fully completed mandate, we will set up your account for the Direct Debit payment option you have selected on your next Vodafone bill.

Your bank or credit card account is debited fourteen days from the issue date of your Vodafone bill.

Customer details

Your name and address

Contact number

Option 1 – SEPA Direct Debit Mandate

Creditor name and address: Vodafone Ireland Limited, MountainView, Leopardstown, Dublin 18.

Creditor identifier: IE57ZZZ301646

Bank details

Customer name on Bank or Building Society Account: (Deposit accounts not acceptable)*

International Bank Account Number (IBAN)*

Bank Identifier Code (BIC)*

Date*

Signature 1*

Signature 2*

Upon set up your SEPA direct debit, a confirmation letter will be sent to you confirming your account number and your Unique Mandate Reference (UMR)

UMR

SEPA Direct Debit Mandate

By signing this mandate form, you authorise Vodafone Ireland to send instructions to your bank to debit your account, and your bank to debit your account in accordance with the instruction from Vodafone Ireland. 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.

Option 2 – Continuous Credit Card Direct Debit

My/Our Visa/Mastercard credit card no.*

Expiry date*

Date*

Cardholder signature*

Signature 2*

Customer acceptance

Print name

Authorised customer signature*

Title

Sales agent name print*

We hereby acknowledge that we accept and agree to be bound by the Terms and Conditions overleaf. We further acknowledge that a copy of the Terms and Conditions have been provided to us prior to signing this contract and that we agree to be bound by the terms and conditions. Acceptance of this application is subject to status and a satisfactory credit check which may involve third parties.

Date

*Required field