



Change of Account Ownership Form

Please complete in English BLOCK letter and return by fax at 2112 7723 or by post to P.O. Box 357, Tsuen Wan Post Office, N.T. For enquiries, please call our **Customer Service Hotline 2152 8118**.

Customer Information (To be completed by both transferor and transferee)

Details	From (Transferor)	To (Transferee)
iMobile Service	A/C 1:	(Not applicable)
	A/C 2:	(Not applicable)
	A/C 3:	(Not applicable)
Customer Name:	Mr. / Ms.:	Mr. / Ms.:
HKID / Passport Number:		
Contact Person:		
Contact Number:		
Email Address:		
Correspondence Address: (if different from the service registration address)		
Request for Change of Account Ownership must be submitted at least 7 days prior to the end of billing cycle and will be effective upon successful process from the next billing date without notice.		

Documents required (To be provided by both transferor and transferee, application cannot be processed if any document required is missing.)

- Transferor's and Transferee's HKID Card / Passport Copy.
- Copy of front side of Transferee's credit card. (For credit card payment only)
- Copy of the first page of Transferee's bank book (including bank account number and name) and "Autopay – Direct Debit Authorization Form". (For direct debit payment only. Transferor shall be responsible for all charges until the effective of Transferee's direct debit authorization.)

Payment Instruction (To be completed by transferee. **Payment Method will change to CASH if no payment information selected below.**)

- Direct Debit from Bank (please return together with "Autopay – Direct Debit Authorization Form") Cash
- Autopay by Credit Card (Please provide copy of front side of your credit card and fill in the relevant information below)

Credit Card Type :	<input type="checkbox"/> VISA	<input type="checkbox"/> Master
Issuing Bank: :	Expiry Date : (MM/YY)	
Cardholder's Name:	Cardholder's Contact No. :	
Card No. :	Cardholder's Signature (Same as card provided) :	
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Customer's Signature (To be signed by both transferor and transferee)

We confirm that the information provided above (and in the attachment(s) is correct and accept that the services provided to us will be subject to i-CABLE Telecom Limited's General Terms & Conditions of Service and applicable Tariffs as published and amended from time to time. Upon the signing of this form, the Transferee is entitled to enjoy all the existing services pertaining to the service(s) transferred and all indemnify the associated services. If Transferee default the payment method by direct debit, the Transferor shall be responsible all charges until the effective of Transferee's direct debit authorization. The Transferee shall be responsible for all charges and liabilities incurred in respect of the services provided prior to or after the transfer. Any deposit standing in the account relating to the service(s) transferred will be transferred to the Transferee.

The transferee shall indemnify i-CABLE Telecom Limited in respect of any loss which i-CABLE Telecom Limited may suffer as a result of the transfer. The provision of personal information is at our discretion. i-CABLE Telecom Limited may however be unable to provide the services to us without such information. The information will be used to provide services, to inform us of special offers, to disclose to other network providers as necessary, for credit check, debts collection; market research; disclosure as required by law or any competent governmental authority and other purposes as agreed.

Transferor's Authorized Signature	Transferee's Authorized Signature
Date	Date

Remark:
