

TRANSFER OF PREFIX

**Fee: \$102.50 must
accompany application**

Membership Number: _____

Name: _____

Address: _____

Postcode: _____

I/We wish to apply to transfer the prefix: _____

I/We being the present registered owner(s) of the above named prefix, having no further interest in this name, request transfer of the prefix be effected in the name/s of:

Mr/Mrs/Miss/Ms: _____

Membership number of new owner(s): _____

Signature of Current Registered Owners

Date

Signature of New Registered Owners:

Date

Payment by Credit Card

Card Type: ☐ Visa ☐ Mastercard

Card Number: ____ / ____ / ____ / ____

CCV ____

Card Holders Name (Print): _____

Expiry Date: _____ Amount: _____

Signature: _____

** This transaction incurs an additional \$2.20 Facility Fund Levy

TICK here to OPT OUT of the Facility Fund Levy