Change of Ownership Form

GO p.l.c., GO, Tarxien Road, Zejtun ZTN 3000, Malta
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Company Registration No.: C22334
EXO 413 - VAT Registration No.: MT1282-6209

Ref./Account No.:

Outlet/Department: Date:

PERSONAL DETAILS		
Company Name:		Account No.:
Name & Surname:		I.D. Card:
Passport No.:	Country of Origin:	Nationality:
Postal Address:		
Bill Delivery Method:		
Payment Method:	DDM Ref No.:	Postcode:
E-Mail Address:		C-Reg. No.:
Contact No/s.:		VAT No.:
Installation Address:		

SERVICES TO BE TRANSFERRED

BUNDLED SERVICES	
Package Service:	

TELEPHONE	
Telephone No.:	
Telephone Service/s:	

INTERACTIVE TELEVISION

IPTV Service:

IPTV No.	Equipment Serial No.	IPTV No.	Equipment Serial No.
1		4	
2		5	
3		6	

DIGITAL TERRESTRIAL TELEVISION

DTTV Service:

TV Card No.	Equipment Serial No.	TV Card No.	Equipment Serial No.
1		6	
2		7	
3		8	
4		9	
5		10	

BROADBAND	
Internet No.:	
Internet Service:	
Username:	

COMMENTS

We would like to keep in touch with you with exclusive offers related to our products and services. Would you like to hear from us Yes ☒ No ☐

DECLARATION

RELEASE

I, the undersigned, declare that I wish to release the ownership of the service/s listed above and transfer this/these service/s to the New Owner specified above. I agree that I shall be held responsible for the usage and payment of the amounts due on this/these service/s until the date of processing of this form by GO.

New Account No.: _____

Name & Surname: _____

I.D. Card/Passport No.: _____

Signature: _____

ACCEPTANCE

I, the undersigned, declare that I wish to take ownership of the service/s listed above. **I agree to assume full responsibility for the use and payment of this/ these service/s as specified in GO's Terms and Conditions.** I declare to have read and understood the terms and conditions in this agreement and agree/s to be bound by them. Where possible, I agree to receive this Agreement, including its Terms and Conditions by E-Mail.

New Account No.: _____

Name & Surname: _____

I.D. Card/Passport No.: _____

Signature: _____