

# Change of Ownership Form

Release

GO p.l.c., Triq Fra Diegu, Marsa MRS 1501, Malta  
Postal Address: PO Box 40, Marsa MRS 1001, Malta  
PO Box 14, Victoria VCT 1000, Malta  
t +356 80072121 f +356 2594 5896  
e info@go.com.mt www.go.com.mt  
Company Registration Number: C22334



## PERSONAL DETAILS - CURRENT OWNER

Company Name:		
Name & Surname:		
I.D. Card No.:		
Contact Details.:	Home:	E-Mail:
	Work:	Mobile:
Installation Address:		
		Postcode:

## SERVICES TO RELEASE

phone <input type="checkbox"/> internet <input type="checkbox"/> tv <input type="checkbox"/> mobile <input type="checkbox"/> package <input type="checkbox"/>	Account No.:
Penalty Payment (if Applicable): € _____	Receipt No.:
phone No.:	For TV:
phone No.:	Card No. 1: _____
mobile No.:	Card No. 2: _____
internet No.:	Card No. 3: _____
internet Username:	Card No. 4: _____
* Kindly note that any additional username/s associated with this internet number will also be released	Card No. 5: _____
	Card No. 6: _____
For GO Interactive TV:	Card No. 7: _____
HD Box Serial No.: _____	Card No. 8: _____
Modem Type: _____	Card No. 9: _____
Modem Serial No.: _____	Card No.10: _____

## NEW OWNER

Company Name:	C-Reg/P No.:
Name & Surname:	I.D. Card No.:

## DECLARATION

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 and the corresponding Change of Ownership (Acceptance) Form by GO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

o.b.o.: \_\_\_\_\_

GO process data in line with applicable data protection regulations and legislation. Terms and conditions apply.

Location:		
GO Rep. Name:	GO Rep Signature:	
<b>FOR OFFICIAL USE:</b>		
Order No.:	Account No.:	ADSL No.:
Receipt No.:	Date Processed:	Signature: