

## TRANSFER FORM

**TS-TRANS-01.2018** 

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www.timbersecure.com.au

IMPORTANT INFORMATION: None of the information provided about TimberSecure takes into account your personal objectives, financial situation or needs. You should seek independent advice before deciding whether this product is right for you.

Please complete all fields and email to support@timbersecure.com.au or fax to  $02\,4954\,3660$ .

Date		Settlement Date					
OID OWNE	R(S) DEIAILS						
Name(s)							
Phone							
Email							
DOB 1			DOB 2				
NEW OWNER(S) DETAILS							
Name(s)							
Phone							
Email							
DOB 1			DOB 2				
OTHER AUTHORISED CONTACTS (IF APPLICABLE)							
Details of other people that you authorise to have access to this policy							
Name		Phone		DOB			
Name		Phone		DOB			
ADDRESS O	F PROPERTY		CORRESPONDENCE	E ADDRESS (IF	DIMERENT)		
Address			Address				
State			State				
Postcode			Postcode				
PEST CONTROL DEIAILS							
Name of Pest Management Business*							
	Date of Installation						
Policy Number	Policy Number (if known)						

FINAL DETAILS				
Where did you hear about Ti	mberSecure?			
	the TimberSecure Prod c.com.au or by contac		nt/Financial Services	Guide, which is available from
Signature Old Owner 1				
Signature Old Owner 2 (if applicable)				
Signature New Owner 1				
Signature New Owner 2 (if applicable)				
Date Signed				
PAYMENT DETAILS			nas been issued an	d is due for renewal. We will also
Visa		MasterCard		Electronic Funds Transfer
V ASUL		Masteroutu		MODELLING HUMSICI
Card Number				
Name on Card				
Expiry Date (MM/YY)				
ELECTRONIC FUNDS TRANSFE BSB: 032-509	R DETAILS:			