

## Transfer of Account Ownership (Individual to another Individual)

| Effective Date of Transfer  |                                       |
|---|---------------------------------------|
| Particular of Existing Subscriber / Applicant   |                                       |
| Name  |                                       |
| NRIC  | X X X X X X (Last 3 digit + alphabet) |
| EMail   |                                       |
| VIVIFI Me Number  |                                       |
| I consent to the transfer and will be responsible for all charges and contract terms in respect of the service up to the effective date of transfer.  I also confirmed that the information given above is true and correct.  Signature of Existing Subscriber / Applicant Date (dd/mm/yy): |                                       |
| Particulars of New Subscriber   |                                       |
| Name  |                                       |
| NRIC  | X X X X X X (Last 3 digit + alphabet) |
| EMail   |                                       |
| Contact Number  |                                       |
| Address   |                                       |
| all charges from the ef<br>I also confirm that the<br>I agree to be bound by<br>I agree on the one time   |                                       |
| Signature of New Subscriber / Applicant<br>Date (dd/mm/yy) :  |                                       |

KYC Staff (Name / Signature / Date ):