Spacetalk Mobile



Bereavement Support Form

We understand that this is a difficult time, and we want to ensure we make this process as simple as possible for you. When possible, please complete this form and return it to our bereavement support team with the necessary documentation.

Please forward together with a copy of the death certificate or a Doctor's certificate cause of death to us via email at mobilesupport@spacetalk.co



SECTION 1: Completed by an authorised representative of the deceased.

Due to privacy laws only people who are authorised to act on behalf of the deceased customer can access and make changes to the customer's account and services. It is a requirement that a copy of the death certificate or a Doctor's certificate cause of death as well as authorisation to access on behalf of the deceased customer I provided to Spacetalk Mobile.

The following relationships are accepted to act as a representative:

- Executor, administrator, or trustee of the deceased's estate
- · Lawyer or solicitor administering the will.
- · Next of kin

DETAILS	
Name of the Deceased:	
Date of Birth:	Date of Death:
Name of Authorised Representative):
Representatives Relationship to the	Deceased:
Representatives Contact Number:	
Representatives Email Address:	
I WANT TO (Please Select):	
Cancel the mobile service	Transfer ownership of the mobile service
facilitate changes to the account as is correct and truthful. I agree I am	f the deceased customer named above and I am authorised to soutlined on this form. I confirm that the information I have provided liable for any fees, cost or loss arising from Spacetalk Mobile the deceased's account and services.
Full name:	Date:
Signature:	
SECTION 2: Only complete to I request the cancellation of the follows:	this section if you want to CANCEL the mobile services. owing Spacetalk Mobile services.
Account Number:	
Mobile Number:	



SECTION 3: Only complete this section if you want to TRANSFER the mobile services to a new account holder.

I request the transfer of the following Spacetalk Mobile services to a new account.

Account Number:						
Mobile Number:						
NEW ACCOUNT HO	OLDER ((The person the se	ervice is bei	ing transferred to)		
passport, or Medicare co when filling out this form. identification record on fi	rd. Please To get an le. Comme shortened	ensure you have a clear identification match, to on errors include the no	ar and easy to the details you ame not mato	This can be either a driver's license, to read copy of your identification u enter must match exactly with the ching. Please check carefully to ensure version, rather than the official registered		
-ull name:			Date of Birth:			
Contact Number:	Contact Number: Em					
Residential Address:						
Critical Information Sum Terms Of Use: spacetalk IDENTITY TYPE:						
DRIVERS LICENSE	OR	MEDICARE CARD	OR	PASSPORT		
DRIVERS LICENSE	:					
License Number:			Card Numb	ber:		
State of Issue:			Copy Attacl	ched?		
MEDICARE CARD:						
Card Number:			Reference I	Number:		
Name On Card:			Card	d Colour:		
Expiry:			Copy Attac	ched?		



PASSPORT:	
Passport Number:	Country Of Issue:
Copy Attached?	
IDENTITY CHECK WITH EQUIFAX:	
I confirm I am authorised to provide the personal detai being checked with the document issuer or official reco for the purpose of confirming my identity.	
For further information please see our Terms of Use at	spacetalk.co/mobile
I have read and agree to the collection and processing of our Privacy Policy at spacetalk.co/mobile	of my personal information under the terms
Full name:	Date:
Signature:	
AUTOPAY	
	n. Our SIM plans require autopay, the ongoing reoccurring ayment method on the day your prepaid SIM plan expires.
PAYMENT METHOD	
Card Number (Visa or Mastercard, 16 digits):	
Expiry Date:	CCV:

TERMS AND CONDITIONS

- Before agreeing to the transfer of ownership please ensure you fully understand our policies, terms and conditions, fees, and ongoing cost of the Spacetalk Mobile service. These can be found at spacetalk.co/ mobile
- I agree to fulfil all obligations imposed upon the current owner under the existing contract for the services; and acknowledge that I have read and understand all statements made in this application form.
- I will be taking over the services listed above including all applicable contracts and that the nominated services will be transferred to my account with the same structure and set up as they currently have, unless the plan is no longer available, in which case I consent to Spacetalk Mobile transferring me to a current in market plan.
- I will be liable for all debts incurred on the services listed above from the date of transfer and I agree that I will not seek to recover loss I have suffered or may suffer as a result of the transfer.



Full name:	Date:
Signature:	

WHAT'S NEXT?

Please email your form and relevant documentation to **mobilesupport@spacetalk.co** one of our Spacetalk Mobile team members will be in touch shortly. Generally, bereavement applications are actioned within 7 business days. Our team will be in touch if we require any further information.