**CHANGE OF OWNERSHIP**

Please provide the following information so we can update our records for your property.

**Email this form to** [**supplier@hotelnetwork.com.au**](mailto:supplier@hotelnetwork.com.au)**.**

|  |  |
| --- | --- |
| **Property Address** |  |
| **Outgoing Property Name (seller)** |  |
| **Outgoing Business or company name if different to the property name (seller)** |  |
| **Name of outgoing owner & manager** |  |
| **Phone Number of outgoing owner & manager (please advise number you can be contacted on after leaving the property)** |  |
| **Email of outgoing owner & manager (please advise email address you can be contacted on after leaving the property)** |  |
| **Outgoing ABN (seller)** |  |
| **Incoming Property Name (buyer)** |  |
| **Incoming Business or company name if different to the property name (buyer)** |  |
| **Name of incoming owner & manager** |  |
| **Phone Number of incoming owner & manager** |  |
| **Email of incoming owner & manager** |  |
| **Incoming ABN (buyer)** |  |
| **Date of purchase/transfer of lease** |  |
| **Payment of bookings - The outgoing owner is to be paid for all bookings up to and including the night of** |  |
| **Incoming Owner - Select preferred method of payment (one only)** | **EFT fortnightly payment**  **Bank:**  **Account Name:**  **BSB:**  **Account Number:**  **Credit Card**  **\* If you choose a credit card as payment method, you agree to waive any credit card surcharges**  **AMEX\***  **MASTERCARD\*** |
| **Incoming Owner – Please confirm Reservation Email Address** |  |
| **Incoming Owner – Please confirm Accounts Email Address** |  |
| **Incoming Owner – Please confirm Rate Submission Email Address** |  |
| **Incoming Owner – Please confirm Reservation Phone Number** |  |
| **Incoming Owner – Please confirm Cancellation Policy** | Prior to 3pm on Day of Arrival    Prior to 2pm - 24 hours prior to Day of Arrival  Other – Please provide details below |
| **If selected “Other” for Cancellation Policy – Please advise** |  |
| **Incoming Owner – Please reconfirm Reception Hours** | **Monday to Friday :**  **Saturday:**  **Sunday:** |
| **Incoming Owner – please confirm arrival and departure time** | **Check In Time:**  **Check Out Time:** |
| **Incoming Owner – please confirm After Hours Procedure:** |  |
| **Is the property currently connected to the GDS by THN Program?** |  |
| **Will the incoming owner remain on the GDS By THN Program?** |  |
| **Is the new owner interested in our GDS by THN Program?**  **(Channel Manager connection required and Yearly Maintenance Fee of $300.00 applies)** |  |
| **Is the property currently connected to a Channel Manager** | **Yes No**  **If Yes, which one**   |  |  |  |  | | --- | --- | --- | --- | | Channel Manager | Guestpoint (Channex) | Guestpoint (STAAH) | HiSite | | Levart | NewBook | Resly | ResOnline | | RMS | SiteMinder | STAAH | Update247 | | UseRoss | Other |  |  | |
| **Will the incoming owner keep the current connected Channel Manager** | **Yes No  N/A**  **If No, please indicate which Channel Manager the property will change to**   |  |  |  |  | | --- | --- | --- | --- | | Channel Manager | Guestpoint (Channex) | Guestpoint (STAAH) | HiSite | | Levart | NewBook | Resly | ResOnline | | RMS | SiteMinder | STAAH | Update247 | | UseRoss | Other |  |  | |

If selected **Other** for Channel Manager – please advise:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **(If the old owners have current Contract Rates)**  **Will the incoming owner keep the current Contract Rates submitted?**  **Yes No  N/A**  **If No, please fill up the table below with your new Contract Rates**  **Rate period: 1st October 2025 – 31st December 2026**  **Please quote rates inclusive of GST**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Room Type Name**  Eg. Deluxe | **Corporate Nett Rate**  **(excl. comm)**  **Amount the hotel is paid** | **Corporate 10% Commissionable Rate** | **Government Nett Rate (excl. comm)**  **Amount the hotel is paid** | **Government 10% Commissionable Rate** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

By signing below, you are agreeing that the above information is correct, and no further changes are required.

**Outgoing Owner (Seller)**

|  |  |
| --- | --- |
| **Name / Title** |  |
| **Signature / Date** |  |

**Incoming Owner (Buyer)**

|  |  |
| --- | --- |
| **Name / Title** |  |
| **Signature / Date** |  |