**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****.**

|  |  |
| --- | --- |
| **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  |  |  |

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| **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**

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| --- | --- | --- | --- |
| [ ]  Channel Manager | [ ]  Guestpoint (Channex) | [ ]  Guestpoint (STAAH) | [ ]  HiSite |
| [ ]  Levart  | [ ]  NewBook | [ ]  Resly  | [ ]  ResOnline   |
| [ ]  RMS  | [ ]  SiteMinder  | [ ]  STAAH | [ ]  Update247   |
| [ ]  UseRoss | [ ]  Other  |  |  |

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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**

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| --- | --- | --- | --- | --- |
| **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** |
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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** |  |