

Transfer of your Scarlet services

This document enables you to request a transfer of your existing Scarlet services to another holder. The transfer of these products and services is completely free.

What should you do?

- 1. Read the instructions carefully.
- 2. Fill out the document **completely**. Have **both parties** sign it.

 Are you taking over services of a deceased? Please attach a copy of the death certificate.
- 3. Take a photo/scan of the front and back of **both identity cards**. For companies, this must be the signatory's identity card (as indicated in the company's statuses) and a copy of the company's statutes.
- 4. Send all documents together:
 - **Preferably by e-mail** via www.scarlet.be/contact. Include all scanned documents as attachments instead of links.
 - Either by mail to the following address:

Scarlet

Attn: HBS Cessions EN Bd du Roi Albert II, 27 B - 1030 Brussels

Please note: sending us the information via e-mail will allow better processing time for your request compared to a traditional mailing through the post. If you have any further questions, don't hesitate to contact us at 02 275 27 27 or via our online channels on www.scarlet.be/contact

Thank you for your trust!



1. Details of the transferor (current holder)	2. Details of the transferee (new holder)
Customer number	Customer number (if already a customer)
Payment agreement - reference Scarlet (if available):	Payment agreement - reference Scarlet (if available):
Mr. Mrs. Ms. Company	Mr. Mrs. Company
Name	Name
First name	First name
Date of birth	Date of birth
Street	Street
No Box	No Box
Postal code	Postal code
Town/municipality	Town/municipality
E- mail address	E- mail address
Contact number	Contact number
Name of contact person	Name of contact person
If applicable:	If applicable:
Company name	Company name
VAT No./Company No	VAT No./Company No
Legal form (SA, sprl, asbl, etc.)	Legal form (SA, sprl, asbl, etc.)
	If not yet registered in the Crossroads Bank for Enterprises (CBE), date of notarial deed
Billing address (complete only if different to the address above) Name and first name or company name	Billing address (complete only if different to the address above) Name and first name or company name
Street	Street Housenumber and boxnumber Postal code Town/Municipality
	I want a closure of Account:
	YES (the transfering customer receives a final invoice and the new customer starts a new invoice)
	NO (the invoice following the transfer will automatically be sent to the new customer without invoice closure)
	Payment details:
	opt for direct debit as payment method
	Bank account number :



3. Services to be taken over and telephone number

All active and fix services at the same address are to be taken over. Please tick the services to be transferred.

Products:		
	Fixed products (Internet, Televis	ion, Fixed Phone line)
	Telephone number: e.g. 024602211	
	Mobile	·
	Telephone number: e.g. 0475221133	
Remarks:		



4.Date of take-over

It may take up to three weeks for your request to be processed, following take-over will enter into effect on the 1st of the following month.	g the receipt of a duly completed document. After processing, the
If you want the take-over to be executed on a later date, please specify the	e desired date here://
5.Legal notices	
I would like my details to appear free of charge in telephone director or mobile numbers:	· · · · · · · · · · · · · · · · · · ·
My number(s) may be found with my name and address as	
Under another name:	
Under another address:	
I agree that my name and address can be searched for on the basis	of a search by telephone number.
I do not wish my details to appear free of charge in telephone direct	tories and directory assistance services.
You can change your preferences in MyScarlet at any time. Your data will available online at www.scarlet.be/privacy	be processed in accordance with our privacy policy, which is
The transferor hereby agrees to the take-over by the transferee of the prothis document.	oduct(s) and, where applicable, telephone number(s) specified in
The transfer of the contract is specific to the transferor and the transference this request for a change of holder, including the take-over by the transferoducts.	
The product(s) and, where applicable, telephone number(s) specified in the relating debts relating have been fully paid by the transferor.	nis document will only be reassigned to the transferee once all
Is the document filled out completely? Have both partie email or 1 letter.	es sign it. Send it along with both ID cards in 1
The transferor Date + signature (If deceased: the death certificate)	The transferee Date + signature