



TRANSFER REQUEST FORM*

Please fill out all details below:

Date: _____

Member Name: _____

Membership no: _____

Daytime Contact Details (Phone and Email): _____

Reason for requesting Transfer:

***Note:** This is a request form only. Approval for transfer will be at the discretion of Exodus Management. If you do not receive any contact from us within 10 working days please contact Moira McCallum on 978 9733 or email: accounts@exodusclub.co.nz. It is your responsibility to ensure your request has been received.

Important: Please do not advertise to transfer your membership before you receive confirmation from Exodus Management confirming that your Transfer Request has been approved. You may transfer your membership if on a 36 month agreement but only after the initial 12 month period. Only 1 transfer is permitted for the whole term of the original agreement period. All agreements 12 months and under are not transferable.

Member Signature: _____

Date: _____

Received by (Staff Name): _____

Date: _____

If the transfer request is approved the member is responsible for finding a third party to take over the remaining term of the original agreement. A \$100 transfer fee will apply.

Terms & Conditions Apply.

OFFICE USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Request further information
<input type="checkbox"/> Declined	<input type="checkbox"/> Updated in Gladstone
Amount owing (if any): \$ _____	Processed by: _____

It's the choice you deserve.

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