



## FIRE ALARM MONITORING SERVICES

### [9.4] FORM C2.1

APPLICATION TO DFES FOR DBA OWNERSHIP TRANSFER

**THIS FORM ADVISES DFES THAT A MONITORED DIRECT BRIGADE ALARM (DBA) HAS CHANGED OWNERSHIP/  
BILLING DETAILS.**

**THIS FORM MUST BE RETURNED TO FIRE ALARM MONITORING SERVICES WITHIN 10 DAYS FROM RECEIPT.  
FAILURE TO RETURN THIS FORM WITHIN THE REQUIRED TIMEFRAME MAY RESULT IN YOUR MONITORED SITE  
BEING PLACED OFFLINE OR BEING DISCONNECTED.**

#### 1. CURRENT DETAILS OF PREMISES (MANDATORY SECTION)

DBA NUMBER (IF KNOWN)			
NAME OF BUILDING			
STREET/LOT NUMBER			
STREET NAME			
SUBURB		POST CODE	

#### 2. FORMER DETAILS OF PREMISES

*(IF DIFFERENT TO CURRENT DETAILS & NOTIFYING OF SITE NAME CHANGE)*

FORMER BUILDING NAME			
STREET/LOT NUMBER			
STREET NAME			
SUBURB		POST CODE	
FOR STREET NUMBER/ NAME CHANGE PLEASE PROVIDE REASON FOR CHANGE:			

#### 3.1 FOR CHANGES IN OWNERSHIP (IF APPLICABLE)

OLD COMPANY NAME (IF KNOWN)			
NEW COMPANY/ EUA ENTITY			
ABN / ACN FOR COMPANY			
NEW OWNER CONTACT NAME			
NEW OWNER EMAIL		PHONE	
NEW OWNER ADDRESS			
DATE OF OWNERSHIP TRANSFER			
INVOICE REFERENCE / PO#			

PLEASE NOTE

ANNUAL MONITORING FEES WILL BE CALCULATED AND TRANSFERRED PRO RATA TO THE NEW OWNER EFFECTIVE FROM THE DATE THIS FORM IS RECEIVED COMPLETED CORRECTLY.

#### 3.2 FOR CHANGES IN BILLING DETAILS (IF APPLICABLE)

NEW BILLING ADDRESS			
SUBURB		POST CODE	
BILLING CONTACT NAME			
BILLING CONTACT PHONE		MOBILE	
BILLING EMAIL			
INVOICE REFERENCE/ PO#			
DATE OF CHANGE OF BILLER			

PLEASE NOTE

ANNUAL MONITORING FEES WILL BE CALCULATED AND TRANSFERRED PRO RATA TO THE NEW OWNER EFFECTIVE FROM THE DATE THIS FORM IS RECEIVED COMPLETED CORRECTLY UNLESS EVIDENCE CAN BE PROVIDED FOR ANOTHER DATE.



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**4. BUSINESS HOURS NOMINATED CONTACT (REQUIRED)**

NAME			
POSITION			
PHONE		FAX	
MOBILE			
EMAIL			

**5. AFTER HOURS NOMINATED CONTACT 1 (REQUIRED)**

NAME			
POSITION			
PHONE		FAX	
MOBILE			
EMAIL			

**6. AFTER HOURS NOMINATED CONTACT 2 (REQUIRED)**

NAME			
POSITION			
PHONE		FAX	
MOBILE			
EMAIL			

**7. AFTER HOURS NOMINATED CONTACT 3 (OPTIONAL)**

NAME			
POSITION			
PHONE		FAX	
MOBILE			
EMAIL			

**8. APPLICANT'S DECLARATION (PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)**

SIGNATURE OF AUTHORISED APPLICANT	
NAME OF AUTHORISED APPLICANT	
POSITION OF AUTHORISED APPLICANT	
COMPANY/ BUSINESS NAME	
APPLICANTS EMAIL	
APPLICANTS PHONE	
DATE	