



VEHICLE TRANSFER OF OWNERSHIP

THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH THE SELLER AND BUYER AND RETURNED TO INTEGRITY EXTENDED WARRANTIES WITHIN 7 DAYS OF THE SALE OCCURRING.

Email: claims@iwarranty.com.au **Fax:** 03 9723 1564 **Phone:** 03 9723 6177

Please ensure you provide a satisfactory mechanical inspection report from a licensed mechanical workshop and attach the report along with the vehicles service history to this transfer form.

SELLER DETAILS

Company Name _____

Surname _____ Given Name/s _____

Address _____

Suburb _____ Postcode _____

Phone _____

Email _____

BUYERS DETAILS

Company Name _____

Surname _____ Given Name/s _____

Address _____

Suburb _____ Postcode _____

Phone _____

Email _____

VEHICLE DETAILS

Warranty Number _____ Date of Vehicle Transfer _____

Current Odometer _____ Registration Number _____

I have received a copy of the Warranty Contract or Product Disclosure Statement and have read, or have had read to me and fully understand and accept the terms of the Warranty.

Seller Signature _____ Date _____

Buyer Signature _____ Date _____