

Change of Primary Contact

Please return this completed and signed form to edit or replace your Practice's Primary Contact



Are you completing this form:*	<input type="checkbox"/> As the current Primary Contact to edit/replace the Practice details for Primary Contact?	Please complete PART A of this form to update your Primary Contact details, and then PART B of this form as authorisation
	<input type="checkbox"/> As an official nominee of the Account Holder to nominate a new Primary Contact?	Please complete PART A of this form to update your Primary Contact details, and then PART C of this form as authorisation

* this indicates a mandatory field

PART A	Please provide this information to match our records, and update the NEW Primary Contact details for our records		
Practice Name:*		Customer ID: (if known)	
Business Name:*(Pty Ltd)		ABN:*	
NEW Primary Contact:	This will be the new person authorised to make changes to your Practice service restrictions (see IMPORTANT information)		
Primary Contact name:*		Title:*	
Primary Contact phone:*		Mobile:	
Primary Contact e-mail:*			
Primary Contact Signature:*		As the Primary Contact, I verify that I am fully authorised to make decisions on behalf of the Account Holder and acknowledge my responsibility to notify Bp when there is any change to the contacts I've provided. I request that Bp not restrict any support service to any member of our Practice without either my written authority or my submission of an updated and signed <i>Collection of Customer Details</i> form.*	
IMPORTANT: The Primary Contact is the official nominee of the Account Holder, fully authorised to decide user licence keys, service restrictions, and more. To Bp, no other person is authorised to change any details you've provided us, or restrict service to any other person.			
NEW ALTERNATE PRIMARY CONTACT: As Primary Contact, you may nominate an Alternate Primary Contact who you authorise to make changes to your practice details when you are not available to do so. Note that to Bp this person/s will have the same authority rights as you, and will act as your authorised agent or Proxy.			
Alternate Primary Contact:*		Alternate Primary Contact Signature:*	
Alt Primary Contact e-mail:*			

To protect the integrity of the information we have on record, and to ensure we continue to provide a consistent quality service to your Practice, we now need to verify that you're appropriately authorised to request this change within your Practice. To help us help you, please complete either PART B, if you're the current Primary Contact; **-OR- PART C**, if you are not the current Primary Contact but you are an official nominee of the Account Holder and fully authorised to make these decisions.

PART B	Completed by the current Primary Contact nominated by the Practice (NOTE: These details must match our records you provided)		
Declaration of the current Primary Contact for this Practice	<ul style="list-style-type: none"> I authorise the replacement of Primary Contact details with the information contained in PART A 		
Primary Contact name:*		Primary Contact Signature:*	
Date signed:*			

Thank you. You've now provided all the information we require to review this request. We'll check our records to validate your ability to make this declaration as the current Primary Contact for this practice. We will be in contact with you as soon as this has been completed, and we can approve your request for a Change in Primary Contact.

PART C	Only complete Part C where a declaration by the current Primary Contact is not available (NOTE: Evidence must be provided)		
Important information you must read before making this declaration	<ul style="list-style-type: none"> <u>A change in Primary Contact made by any other person is an important and complex process.</u> At Best Practice Software, we avoid becoming involved in legal disputes on decision making abilities within your medical practice. These determinations must be considered, agreed on and formalised <i>before</i> any request to change Primary Contact is made to Best Practice Software. Due to the possible legal implications of our involvement in making changes to the nominated Primary Contact, we consider each request carefully, and will only approve a request where appropriate documentary evidence of your ability to make these decisions has been provided and approved. The documentary evidence we require to prove your ability to authorise us to accept this change is the same that would be required if you as an authorised Officer of the Account Holder were making the same change in dealings with a bank, insurance company, lawyer, or government department. 		

PART C EVIDENCE		If you have provided a declaration under Part C, you must provide supporting evidence in one of these formats			
Where the Account Holder is an Australian Private Company	<ul style="list-style-type: none"> To evidence your nomination on behalf of the Account Holder, we require the following information: Where there is one person who is the sole director and secretary of the Account Holder: <ol style="list-style-type: none"> A scanned or printed extract of a current company search from the Australian Securities Investment Commission (ASIC), available for your purchase online at www.asic.gov.au; AND Proof of your identity as the sole director and secretary of the Company through a scanned copy of your current driver's licence <u>or</u> proof of age card <u>or</u> passport. Where there is more than one director, or the director and secretary are different individuals: <ol style="list-style-type: none"> A scanned or printed extract of a current company search from the Australian Securities Investment Commission (ASIC), available for your purchase online at www.asic.gov.au; AND Proof of each officer's identity through a scanned copy of the current driver's licence <u>or</u> proof of age card <u>or</u> passport, for <u>each</u> director and secretary shown in the company search. Where the company is large and signature by a Director is not possible, and the official nominee is a Chief Executive Officer or executive General Manager appointed to make such decisions: <ol style="list-style-type: none"> Proof of the Officer's identity through a scanned copy of the current driver's licence <u>or</u> proof of age card <u>or</u> passport, for the Chief Executive Officer or General Manager; AND A signed letter evidencing appointment of that person to the position, provided on company letterhead. 				
	<i>Type C1: The form of identity provided must match the same name and date of birth as the person identified as a director and/or secretary on the ASIC company search, and signatures must match the identification document.</i>				
Where the Account Holder is an external agent as: - Administrator, - Liquidator, - Receiver, or - Receiver and Manager	<ul style="list-style-type: none"> To evidence your nomination on behalf of the Account Holder, we require the following information: <ol style="list-style-type: none"> A scanned or printed extract of a current company search from the Australian Securities and Investment Commission (ASIC) nominating your appointment, available for your purchase online at www.asic.gov.au; OR Written evidence of your legal appointment as external agent. 				
	<i>Type C2: The written confirmation of appointment as an external agent acting as Administrator, Liquidator, Receiver, or Receiver and Manager provided must match the same name on the ASIC company search.</i>				
Where the Account Holder, as either a Company or Individual, has appointed an attorney under a Power of Attorney	<ul style="list-style-type: none"> To evidence your nomination on behalf of the Account Holder, we require you to provide the following information for our verification and records: <ol style="list-style-type: none"> A certified copy of the Power of Attorney; AND A signed statement that the Power of Attorney has not been revoked; AND Proof of the identity of the Officer appointed as Power of Attorney through a scanned copy of the Officer's current driver's licence <u>or</u> proof of age card <u>or</u> passport. 				
	<i>Type C3: The form of identity provided must match the same name and details as the person identified as being appointed as attorney under a current Power of Attorney that has not been revoked.</i>				
Where the Account Holder is acting on a Deceased Estate or Enduring Power of Attorney	<ul style="list-style-type: none"> To evidence your nomination on behalf of the Account Holder, we require you to provide the following information for our verification and records: <ol style="list-style-type: none"> A signed letter verifying the Officer has been authorised, at law, to make decisions on behalf of the Licensee, provided on the lawyer's letterhead; AND Proof of the Officer's identity through a scanned copy of the current driver's licence <u>or</u> proof of age card <u>or</u> passport. 				
	<i>Type C4: The information provided by the lawyer should reference the reasons the Licensee has lost capacity and be accompanied by an Enduring Power of Attorney accompanied by identification capacity, or a statement that the lawyer had perused the last Will of the deceased and can state who the executor or executors are and therefore the persons who have authority to deal on behalf of the deceased Licensee accompanied by identification capacity.</i>				
PART C DECLARATION		Completed by an official nominee (Officer) of the Account Holder authorised to nominate a new Primary Contact			
Declaration of an official nominee of the Account Holder, which may include: <ul style="list-style-type: none"> Business owner Company Director Company Secretary Chief Executive Officer General Manager Administrator appointed Some other association (Lawyer or Enduring Power of Attorney) that validates your ability to make these decisions 	<ul style="list-style-type: none"> I declare that I am an official nominee of the Account Holder, authorised to give instruction to Best Practice Software to nominate a new Primary Contact for the Practice; AND I authorise the replacement of Primary Contact details with the information contained in PART A; AND I declare that the new Primary Contact for the Practice is an individual and qualified person who is authorised to make decisions on behalf of the Account Holder; AND I declare that I am responsible for all acts of my Primary Contact, which may include deciding user licence keys, service restrictions, and more; AND I declare that to the best of my knowledge, the information contained in all sections of this form, and supplied in support of this request, is true and accurate; AND I have provided supporting evidence of my ability to make this declaration on behalf of the Account Holder in one of the formats listed as either Type C1, Type C2, Type C3, or Type C4. 				
Officer name:*	DOB:*	Officer Signature:*			
Date signed:*					
Type of Association:*	<input type="checkbox"/> Business Owner <input type="checkbox"/> Company Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> CEO/GM <input type="checkbox"/> Administrator <input type="checkbox"/> Some other association, being:				
Officer name:*	DOB:*	Officer Signature:*			
Date signed:*					
Type of Association:*	<input type="checkbox"/> Business Owner <input type="checkbox"/> Company Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> CEO/GM <input type="checkbox"/> Administrator <input type="checkbox"/> Some other association, being:				