



Transfer of Ownership Form

To be completed by the old and new Supply Group Owners and returned to the KMC

Note: the new SGC owner must have already submitted a New Customer Form to the KMC.

SGC Number

SGC Name

Old Supply Group Owner

Name	
Company	
Address 1	
Address 2	
City	
Region	
Postal Code	
Country	
Email	
Telephone	

Signed:

Date:

New Supply Group Owner

Name	
Company	
Address1	
Address2	
City	
Region	
Postal Code	
Country	
Email	
Telephone	

Signed:

Name:

Date:

For office use only			
Verified by:			
Name		Designation	
Signature		Date	
Processed by:			
Name		Designation	
Signature		Date	