

Insolvency Access Request Form

Please complete this form to request access and take control of an existing MYOB AccountRight/MYOB Business file

To request access, please:

1. Gather supporting documentation
2. Fill out this form. To be completed by Authorised Administrators tasked with insolvency proceedings for the business.
3. Email the form and documents to
 - **MYOB partners:** accounts@myob.com
 - **All other customers:** insolvency@myob.com

SECTION 1: SUPPORTING DOCUMENTATION

- Australia: ASIC 505 Form or Court Orders
- New Zealand: Notice of Appointment, Creditors Notice and Statement of the Company Affair

SECTION 2: FILES TO BE RECOVERED

Please provide details where known:

Business Name: _____

Customer's MYOB Serial Number: _____

Business Owner name: _____

Business Owner email address: _____

Name of Business's Accounting practice: _____

We will search based on the above details and recover where we have the associated datafile. Where no match exists, we will advise.



SECTION 3: FOR ALL RECOVERABLE FILES

Please indicate if you require MYOB to:

Add the insolvency practitioner to the file as the Online Owner

Remove the Administrator password

Remove the former business users

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Which member of the Practice is to be given access to the file:

Email Address: _____

Full Name: _____

Phone Number: _____

Role Title: _____

SECTION 4: AUTHORISATION

Please tick to indicate your agreement and sign below:

This request is made by the appointed insolvency practitioner for the company. I acknowledge that MYOB will grant us complimentary access to the file for a period of thirty (30) days, after which access can be requested at the standard rate of RRP per month. You can do this by logging onto My Account (myaccount.myob.com), updating your payment details and activating the subscription.

Insolvency Practice Name:

MYOB Account Code:

Authorised Signatory Name:

Authorised Signature:

Date: