

Enterprise Architect License Transfer Request

Current Company Name: _____

Postal Address: _____

Telephone No.: _____

Email: _____

No. of Licenses: _____

(Please provide a list of the license keys to be transferred)

Requested Date of Transfer: _____

Reason for Transfer: _____

Transfer to [Company Name]: _____

Contact Name: _____

Postal Address: _____

Telephone No.: _____

Email: _____

Please have this form signed and dated by an authorized member of the current license holder and an authorized member of the new license holder. Once complete please print on your Company letterhead and return by fax (+613 5434 1104) or email (sales@sparxsystems.com).

License Transferor
Company Name: _____

License Transferee
Company Name: _____

Signed: _____

Signed: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____