

LETTER OF AUTHORIZATION FOR TOLL FREE NUMBER PORTABILITY

This letter is to authorize DIDWW Ireland Limited to act on behalf of:

(Customer's Billing Name)

(Customer's Billing Address)

(Customer's Contact Phone Number)

To act as our agent in the matter of: Toll-free Portability

Toll-free Number(s):

(Please use additional page if needed)

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN



Toll-free Number(s):
