

**LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY**

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

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(Customer's Billing Name)

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(Customer's Billing Address)

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(Service Address if different from above)

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To act as our agent in the matter of: Number Portability

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Telephone Number(s):


*(Please use additional page if needed)*

Current Voice Carrier:

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Current Account Number:

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Personal Identity Number / Company Registration Number:

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Portable Number: \*

- SINGLE
- Part of RANGE\*\*: \_\_\_\_\_ - \_\_\_\_\_

*(\*In case of different numbers, please fill in separate LOAs for each type)*

*(\*\* Additional conditions may apply)*

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*ALL FIELDS MUST BE FILLED IN*

Telephone Number(s):
