

**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: street, building number, postal code and city)

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(Service Address if different from above **(No P.O. Boxes)**)

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(Customer's Contact Phone Number)

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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Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*All FIELDS MUST BE FILLED IN*

Telephone Number(s):
