

**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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(**Local** Service Address if different from above)

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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Carrier type: \*

- Wireless
- Wireline

(\*Wireless carriers require their customers to respond to a text message requesting **instant authorization** for the port out.

In case of no response, the order is rejected)

Current Account Number:

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Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*ALL FIELDS MUST BE FILLED IN*

