

LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY

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

(Customer's Billing Name)

(In case of physical person, Customer's Birthdate and Birthplace)

(Customer's Billing Address: street, building number, postal code and city)

(Service Address if different from above)

(Customer's Contact Phone Number)

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

*Telephone Number(s): Root Numbers & Extension(s)**

***Only main (root) numbers are portable. Extensions are not portable alone and can be assigned after porting.**

(Please use additional page if needed)

Current Voice Carrier:

Current Account Number:

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

Telephone Number(s):
