

LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY

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

(Customer's Billing Name)

(Customer's Billing Address)

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

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

Telephone Number(s):

(Please use additional page if needed)

Current Voice Carrier:

Current Account Number:

PIN / Password (in case of wireless line):

Last four digits of social security number (in case of wireless line):

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

