

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)

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

Telephone Number(s):

(Please use additional page if needed)

Current Carrier:

Current Account Number:

PAC (Porting Authorization Code):

Cyprus Company Registration No / Passport No:

Gaining Carrier:

DIDWW Representative's Name and Surname:

Authorized Rep./ Customer's Name and Surname:

Signature:

Signature:

Stamp:

Stamp:

Date:

Date:

All FIELDS MUST BE FILLED IN

