

**LETTER OF AUTHORIZATION FOR TOLL FREE 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)

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(Customer's Contact Phone Number)

To act as our agent in the matter of: Toll-free Portability

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*Toll-free 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*

*Toll-free Number(s):*
