

**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)*

VAT / Personal Number:

---

Current Carrier:

---

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*All FIELDS MUST BE FILLED IN*

Telephone Number(s):
