

LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY

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

(Customer's Billing Name)

(Local Address in the same area as portable number)

(Customer's Contact Phone Number)

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

Telephone Number(s):

(Please use additional page if needed)

Current Voice Carrier:

VAT / Tax ID (if local: PESEL, NIP or REGON):

Select Service Type:

- post-paid*
- pre-paid*

Select Porting Date:

- at the end of the contract*
- at the end of promotion*
- other _____ (may be charged by the losing carrier)*

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

