

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: street, building number, postal code and city)

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

(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:

Current Account Number:

Select Service Type:

- post-paid*
- pre-paid*

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

Telephone Number(s):
