

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)

(Local Service Address, if different from above)

(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)

Organisation Number (9 digits):

Current Voice Carrier:

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

