

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)

(**Local** 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)

Current Voice Carrier:

CIF / NIF:

Service Access Type: *

- Individual Analog
- Complete Multiple

*(*In case of different numbers, please fill in separate LOAs for each type)*

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

ALL FIELDS MUST BE FILLED IN

