

**LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY**

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

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(Customer's Billing Name: Business name / Name and Surname)

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(Customer's Billing Address)

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(Service Address if different from above)

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

*Telephone Number(s):*


*(Please use additional page if needed)*

*ID Number (for Company):*

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*Current Carrier:*

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*Gaining Carrier:*

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Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*All FIELDS MUST BE FILLED IN*

