

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)

(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)

Current Voice Carrier*:

***A copy of the document used for initial number registration must be attached**

(if registered before 2008, acceptable documents include old passports, driving licenses, birth certificates; after 2008: a copy of ID for physical person / business registration certificate + ID of legal representative for the company)

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

All FIELDS MUST BE FILLED IN

