**NUMBER PORTING AUTHORISATION FORM**

| **Current Provider** | | **New Provider** | |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |

**Customer Details**



Company Name:

*(As shown on your most recent Telecom bill from Donor operator)*



Company

Address:



Local VAT Nbr:

| Name |  |
| --- | --- |
| Job Title |  |
| E-mail |  |
| Phone number |  |
| Site address |  |

Requester

Details:

**Number or Range to be ported:**

| Main Number with Associated numbers: |
| --- |
|  |
| Single numbers: |
|  |

**CUSTOMER AUTHORISATION**

By signature of this form, I authorize you to close my account in respect of the above telephone number/s in conjunction with the successful porting of those numbers to WILDIX OÜ.. I understand that this form will be relayed to you by use of electronic or other means. I confirm that I have the authority to make this instruction on behalf of my company. The information contained in this form may not be used for any purpose other than that for which it is intended. I understand that services provided by WILDIX OÜ may be different from services provided by the Donor operator. I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by the Donor operator. You have my authority to disclose such information regarding numbers quoted above together with any other numbers to the new operator as is necessary to allow this port to proceed.

I also authorize WILDIX OÜ or its designated agent to obtain billing information, customer service records and other network information required to facilitate the port of the numbers listed in this form.

| Print name | Job Title |
| --- | --- |
| Signature and date | |