

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:

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

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	

