

## Anbieterwechselauftrag von CLASSOUND



(Cease service with losing carrier)

### Kündigung von Anschlüssen beim Endkundenvertragspartner abgebend (EKPabg)

(separate Kündigung beim bisherigen Anbieter nicht erforderlich)  
Hiermit kündige/n ich/wir den zu unten gemachten Angaben gehörenden Anschluss bei:  
zum nächst möglichen Termin.

(Losing Carrier)

(Port) ...



### Hiermit beauftrage/n ich/wir die Portierung (Mitnahme) der angegebenen Rufnummer/n.

Name/Firma: (Name of End user/Business as registered with the losing carrier) Vorname: (Last name of the end user as registered with the losing carrier)  
Straße: (Street name of End user/Business as registered with the losing carrier) Hausnr.: (House Number of End user/Business as registered with the losing carrier)  
PLZ: (Post Code of End user/Business as Registered with the losing carrier) Ort: (City name of End user/Business as Registered with the losing carrier)



(Tick if all numbers from the customer with the losing carrier should be ported)

### Ortsnetzkennzahl

(Area code with the leading zero only and without the country code)

### Rufnummer/n

(Achtung, es muss mindestens eine Rufnummer angegeben werden!)

(Single numbers without area/country code to be filled in this section)

### Telekommunikationsanlagen:

(Fill this section incase a range is being requested)

### Durchwahl-RN

(Number extension without areacode)

### Abfragestelle

(Switch Point)

### Rufnummernblock:

von (Start of Numberblock) bis (End of Numberblock)

\* The Durchwahl-RN, Abfragestelle and Rufnummernblock, needs to requested from the losing carrier. Incorrect information can result in rejection of the porting request from the losing carrier.

(Signature and Company Stamp)

Ort, Datum:

(Location and date when the LOA was signed)

Unterschrift:

Vertragspartner und ggf. Firmenstempel

von den beteiligten Endkundenvertragspartnern (EKP) auszufüllen	WBCI-GF:		Vorab-ID:		Änderungs- / Storno-ID		
	PKLauf:	D220	Wechseltermin:		neuer Wechseltermin:		
	Portierungsfenster:	<input checked="" type="checkbox"/> 06:00 - 8:00 Uhr	<input type="checkbox"/> 06:00 - 12:00 Uhr	<input type="checkbox"/>			
	Rückinformation an:	Wildix EE OÜ	über Fax/E-Mail:	classound@wildix.com	Tel.:	++ 372 (66) 01842	
	Ressourcenübernahme:	<input type="checkbox"/> ja	<input checked="" type="checkbox"/> nein	Sicherer Hafen:	<input type="checkbox"/>	Storno ausgeführt:	<input type="checkbox"/> ja <input type="checkbox"/> nein
	Zustimmung:	ZWA <input type="checkbox"/> NAT <input type="checkbox"/> ADA <input type="checkbox"/>	Datum:		Ist-Technologie:		
	WITA:	<input type="checkbox"/> S/PRI: <input type="checkbox"/>	WITA-Vertragsnummer / Line-ID:				
	Grund:						
	Ablehnung:	ADF <input type="checkbox"/> KNI <input type="checkbox"/> VAE <input type="checkbox"/> RNG <input type="checkbox"/> WAI <input type="checkbox"/> AIF <input type="checkbox"/> SON <input type="checkbox"/>					
	Ortsnetzkennzahl						
Rufnummer/n	PKI abg	PKI abg		Bei Telekommunikationsanlagen:			
	-	-		Durchwahl-RN	- Abfragestelle		
	-	-			-		
	-	-		Rufnummernblock			
	-	-		von	bis		
	-	-		PKI abg			
Ansprechpartner		über Fax/E-Mail:		Tel.:			
Interne Bemerkungen							

Aktuelles Vertragsenddatum (Pflichtfeld) (dd/mm/jjjj) (End of Contract date with the losing carrier)

### Notes on the LOA completion:

- All fields highlighted are mandatory.
- A full English translation of the LOA is presented below, however the English translation is meant for information purposes only.
- The field for 'alle Nr. Der Anschlüsseportieren', should only be ticked incase the end user wishes to port all numbers which they currently have on contract with the losing carrier.
- If single numbers are being requested, kindly only fill in the fields for 'Ortsnetzkennzahl' and 'Rufnummer/n'.
- If a range is being requested, kindly only fill in the fields 'Ortsnetzkennzahl', 'Durchwahl-RN' and 'Abfragestelle' and 'Rufnummernblock: von – bis'. We kindly recommend that this information is requested by the end user to the losing carrier in order to avoid rejections. It is mandatory to provide the end of contract date which the end user has with the losing carrier.
- One LOA can either be used to request single numbers or a number block.

### Name of recipient operator

☐

#### Termination of connections to end customer contracting partner

(Separate cancellation not required by the current supplier)

I (we) hereby I (we) want to terminate the connection of the below telephone numbers with:  
at the next possible possible date.

☐

#### Herewith, I (we) authorize the code conversion for the listed telephone number(s).

Last name/Company :

First Name:

Street:

Suite/No.:

ZIP:

City:

☐

All numbers of  
the connection  
to be ported

Area Code

Telephone number(s)

(There must be at least one number)

For  
Telecommunication  
systems:

Extension

- Operator Position

Block of numbers

from to

City, Date

Signature

Signature of all contract partners and, if applicable, company stamp

**Below section only for Operators use - Please do not fill it out.**

WBCI-GF:		Request-ID:		Cancelation- / Date change-ID	
Code		Porting date:		New porting date:	
Porting time window:	<input type="checkbox"/> 06:00 - 8:00 Uhr	<input type="checkbox"/> 06:00 - 12:00 Uhr	<input type="checkbox"/>		
Contact person		Fax/E-Mail:		Tel.:	
Transfer resource needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured port:	<input type="checkbox"/>	Cancelation accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval:	ZWA <input type="checkbox"/> NAT <input type="checkbox"/> ADA <input type="checkbox"/>	Date:		1st-Technologie:	
WITA:	<input type="checkbox"/> S/PRI: <input type="checkbox"/>	WITA-number / Line-ID:			
Reason:					
Rejection:	ADF <input type="checkbox"/> KNI <input type="checkbox"/> VAE <input type="checkbox"/> RNG <input type="checkbox"/> WAI <input type="checkbox"/> AIF <input type="checkbox"/> SON <input type="checkbox"/>				
Area code:					
Phone number(s)	Extension	Identifier	For Telecommunication systems:		
-	-	-	Extension	-	Operator Position
-	-	-	-	-	-
-	-	-	Block of numbers		
-	-	-	from	to	
-	-	-	Identifier		
Donor contact person:		Fax/E-Mail:		Tel.:	
for internal usage:					