

Number Service Provider Porting Form

To be filled in by the customer

Name / Company: _____

Street, House number: _____

ZIP /City: _____

Account number

with donor operator: _____

Preferred Date: _____

Number(s):

Prefix	Area Code	List of numbers (National format)
0	800	_____
0	800	_____
0	800	_____

I hereby authorize my previous service provider _____

to transfer my number/s to **WILDIX EE OÜ** as my new service provider by the preferred date mentioned above.

I authorized **WILDIX EE OÜ** to transmit to my previous service provider the inventory of number/s specified in this order form and to communicate to my previous number provider that I wish to move my number/s inventory away from him. This communication can only be done under the context of a number portability request.

Place /Date: _____ Customer Signature: _____

To be filled in by CLASSOUND SA/NV LNP team

Order confirmation: **WILDIX EE OÜ**

Contact: **WILDIX EE OÜ**

Email: classound@wildix.com

Confirmed date: ☐ yes ☐ no Alternative date _____

Justification change of date/Comments: _____

Contact previous service provider: _____ Phone/Fax _____