

Letter of Authorization for Number Portability

CUSTOMER INFORMATION

Current Provider to port numbers from: _____

Current Telecom account number (if existing): _____

Customer Details:

Company name _____

First and Last name: _____ Birth Date: .. / .. /

Address: _____ Zip/City: _____

Phone: _____ Fax: _____

Email: _____

PORTING DETAILS

Numbers/Number Ranges to port:

From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____

Preferred porting date:

☐ ASAP (at least 15 working days)

☐ ASAP (in accordance with notice period of previous provider)
(dd/mm/yyyy)

☐ DATE (at least 15 working days in advance)-Porting date
(dd/mm/yyyy)

I authorize CLASSOUND to transfer my number(s) from my current Telecom operator towards CLASSOUND: Yes ___

Please note: If I obtain services that require a contract for the telephone line, these shall be automatically terminated on the deactivation date (e.g. Internet access, Voice over IP, subscribed discounts etc.). This can mean that my current provider may bill additional charges relating to breach of contract. In order to avoid such additional costs, I must personally terminate all supplementary contracts on time, i.e. complying with the relevant deadlines and no later than the deactivation date for the telephone line

Name/Position: _____

Signature/Stamp: _____ Place/Date: _____