

**Customer Letter of Authority (CLOA)**  
for the transfer of services from one provider to another

| CLOA type<br><i>(tick as appropriate)</i> |  |  |
|---|--|--|
| Request                                   | Please be advised that I wish to submit this CLOA for port of all associated numbers |  |
| Cancellation                              | Please be advised that I wish to cancel this CLOA & all associated port order(s)*    |  |

*\*if late notice of cancellation is given, cancellation of the port cannot be guaranteed*

| Current Provider |  | New Provider |  |
|------------------|--|--------------|--|
| Name             |  | Name         |  |
| Address:         |  | Address:     |  |

| Numbers to be Ported<br><i>(continuation sheet overleaf)</i> |                   |   |
|--|-------------------|---|
| First no. in Range<br><i>(or single number)</i>              | Last No. in Range | Count of Numbers<br><i>(enter 1 if single number)</i> |
|  |                   |   |
|  |                   |   |
|  |                   |   |
| <b>MBN (Geo only)</b>  |                   |   |

| Address to register against numbers |  |
|-------------------------------------|--|
| Building Name / Number              |  |
| Street Name                         |  |
| Town/City                           |  |
| Country                             |  |
| Post Code                           |  |

| Company Details<br><i>(as shown on most recent bill from current provider)</i> |  |
|--|--|
| Company Name   |  |
| Billing Address  |  |
| Town/City  |  |
| Country  |  |
| Post Code  |  |
| Company Registration No.   |  |
| Account No. (Non-Geo only)   |  |

**Fao my current provider:** - this CLOA is to notify you that I (representing the customer shown below) have taken the decision to move my Telephony services to a new Provider and require the numbers associated with those services to be ported across to my chosen new Provider (stated above).

My new Provider is authorised to act on my behalf in this matter & you have my authority to disclose to my new Provider (at their request) any other service or site-specific details they might need to allow this port to proceed (e.g. Site/Billing address post code, DDI number range, Main Billing Number (**MBN**), etc.).

I recognise that it is my responsibility to arrange the cessation of, or changes to, any other services provided by my current Provider.

| Requester's Details |  |           |  |
|---------------------|--|-----------|--|
| Signed              |  |           |  |
| Print Name          |  | Job title |  |
| Date                |  | Email     |  |



|            |  |           |  |
|------------|--|-----------|--|
| Signed     |  |           |  |
| Print Name |  | Job title |  |
| Date       |  | Email     |  |