

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

CLOA type <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 <i>(continuation sheet overleaf)</i>		
First no. in Range <i>(or single number)</i>	Last No. in Range	Count of Numbers <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 <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	

Requester's Details	
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Signed			
Print Name		Job title	
Date		Email	