

Number Portability Application	
The company is incorporated in the Commercial Register of District Court Bratislava I, section: Sro, insert No: 81658/B, ID No: 35795662	
Subscriber:	
Business name (or surname, name and academic degree):	
Registered seat - street:	
Registered seat - house number:	
Registered seat - postal code:	
Registered seat - city:	
Registered seat - state:	
ID No:	
Represented by:	
Title:	
Authorization:	
Authorised person or legal guardian (*)	
Business name (or surname, name and academic degree):	
Registered seat - street:	
Registered seat - house number:	
Registered seat - postal code:	
Registered seat - city:	
Registered seat - state:	
ID No:	
Represented by:	
Title:	
Authorization:	
(*) to be filled in only if the application is submitted by a person other than the Subscriber	
Contact:	

Name, surname:	
Title:	
Telephone:	
Fax:	
Mobile:	
E-mail:	
Type of application:	<i>Simple (single number) / complex (MSN, DDI)</i>
Required telephone number or a group number to be ported:	
Recipient:	
Donor:	
Date of the porting process completion:	
Date of the activation of services on the ported number in the Recipient's network:	
Number of the contract on connection assigned by the Donor:	
<p>The Subscriber hereby authorizes the Recipient to file an application for number portability with the Donor at latest on the date of submitting this Number Portability Application in the Subscriber's name and on its behalf.</p>	
<p>The Subscriber grants its consent with the provision of the Subscriber's personal data, which is necessary for the purpose of number porting, through electronic communication.</p>	
<p>--choose--</p>	
<p>The Subscriber hereby declares that it fulfilled all the conditions necessary for number portability in accordance with the general/special terms and conditions of the Donor. Should this representation of the Subscriber turn out to be false, the Subscriber is aware that the Donor will not launch the porting process due to the failure to fulfil the conditions for its launch. Should this be the case, the Subscriber also acknowledges that the Donor will be entitled to the reimbursement of any costs/charges associated with number porting in accordance with the applicable Tariff of the Donor, or to any damages incurred by the Donor.</p>	
Applicant:	
Place:	
Date:	
Signature and stamp of the applicant (or authorised person or legal guardian)	
Recipient (to be filled in by WILDIX):	

Place:	
Date of receiving the Application:	
Name of employee:	
Signature and stamp of the Recipient:	