## Authorisation for number portability

**Gaining Carrier**: Voxbone [VOXB00]

**Losing carrier\***(*operator that currently provides the service – a reseller cannot be considered as losing carrier*):…………………………………………………………………………………………………………………………………………………………………………..

**Subsequent port\*:** YES / NO

* If subsequent, please indicate here below the Range Holder of the numbers:

**Range holder** (*Access provider who was originally allotted by the Telecommunications Authority with the number/s requested to be ported*): ………………………………………………..…………………………………………….………..

**Port nature\*** *(choose one option):*

1. Full port
2. Partial simple port (when the main number –NDI- is not requested to port)
3. Partial complex port (when the main number – NDI- is requested to port)

**End user details (as valid for the main losing carrier)**

First and last name or Company name\* : ………………………………………………………………..………………………….……………..….

SIRET\*(*14 digits code assigned by the INSEE French Authority to each company when the company is created in order to identify it. It can be found via this website – only in French-: https://www.infogreffe.fr/recherche-siret-entreprise/chercher-siret-entreprise.html*): ……………………………………………………………………………………………………………………………………………………………..

Address *(only French local address)*\* : …………………………………………………………………….…………………………………………..

……………………………………………………………………………………………………………………….....................................………………………..

Zip code\* : …………………………………………………………………………………………………..……………………….………………………...…...

City\* : ……………………………………………………………………………………………………..……………………………...………………………..…

|  |  |  |
| --- | --- | --- |
| Single lines*[One number per line]* |  | RIO\* *(for each number)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Main number (NDI) |  |  |
| Associated numbers (SDA)*[Ex : 0123456700 – 0123456789**One range per line]* |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| New Main number (NDI)*[in case of partial complex port]* |  | N/A |

By signing here I give permission to Voxbone to take control of this number. I hereby grant **Voxbone, S.A.** and it’s agents, the authority to take all appropriate actions necessary to cause the phone number(s) listed below, to be ported to Voxbone as the local exchange carrier.

***-------- La validité maximale du mandat est fixée à trois (3) mois dès sa signature --------***

Place\* .................................................................................., Date\*........................................

 Print name and role of the signee *(compulsory for companies)*\*:

………………………………………………………………………………………………………..

 Signature and Stamp\*:

.......................................................................................................................………………