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| **AUTHORIZATION FOR FIXED NUMBER PORTABILITY** |

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| **Customer Details :** |  |
| Name or Corporate Name :  |
| Installation Address :   |
| Post Code :  | City :  | Country:  |
| Current Operator :  |
| Customer Number with current Operator :  |

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| **Number(s) to port (range(s) accepted) :** |  |
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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.

 Place , Date

 Print name :

 signature