

Please use CAPITAL letters

### CURRENT Communications Provider Details

Name:

Address:

### NEW Communications Provider Details

Name:

Address:

### CUSTOMER DETAILS

*(Note: the Name and Address information of the customer should be either as shown on the most recent bill from the CURRENT Communications Provider for the service associated with the Geographic Number below, or, if there is no such bill, as otherwise known to that Communications Provider.)*

Customer Name:   
*(see note above)*

Address:   
*(see note above)*

Account Number:

Geographic Number(s)  
to be ported:

This is to authorise the porting of the above Geographic Number.

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

I understand that this information, given to the Gaining Communications Provider to enable the port, may be disclosed to the Losing Communications Provider in connection with porting of the above Geographic Number.

Signed:

Dated:

Name: