

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 Non-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:

Non-Geographic
Number(s) to be ported:

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

Signed:

Dated:

Name: