

Letter of Authorization

Subscriber Details

Individual Person

Name and surname

ID or Passport Number (Cypriots and EU citizens)

Passport Number (Non-EU citizens)

Legal Entity

Name of Legal Entity

Registration Number

Name and Surname of Authorized Representative

Details of Telephone Service

Provider (Donor)

Number(s) to port

Analog Fixed Telephony PSTN

ISDN-Basic Rate Access BRA (2B+D)

ISDN-Primary Access Rate PRA (30B+D)

Non Geographical Number (Personal Number/single)

Number access/Freephone Service (National-International)

Pilot number range

Pilot number range

PAC

Pilot number range

PAC

Declaration by Subscriber

With this I declare that I am a Subscriber of the above service/s. I authorize the new Provider to initiate all necessary action in order to disconnect the above service and transfer my number from the above Provider Donor to new Provider.

Name and Surname

Date

Signature