

Subscriber

Business name
Address - Street
House number
Postal Code
City
State

ID number
Represented by
Title
Authorization

Authorised Person or Legal guardian

*Fill in this field ONLY if the LoA is completed by an other person than the subscriber

Business name
Address - Street
House number
Postal Code
City
State

ID number
Represented by
Title
Authorization

Contact

Name
Title
Telephone
Fax
Mobile
E-mail

Number(s) to port

Current Carrier

Account / Contract Number

Type of application

Simple
Single number**Complex**
MSN, DDI

Number(s) to port



The Subscriber hereby authorizes the Recipient to file an application for number portability with the Donor at latest on the date of submitting this Number Portability Application in the Subscriber's name and on its behalf.

The Subscriber grants its consent with the provision of the Subscriber's personal data, which is necessary for the purpose of number porting, through electronic communication.

The Subscriber hereby declares that it fulfilled all the conditions necessary for number portability in accordance with the general/special terms and conditions of the Donor. Should this representation of the Subscriber turn out to be false, the Subscriber is aware that the Donor will not launch the porting process due to the failure to fulfil the conditions for its launch.

Date

Place

Signature

Company Stamp