

Number Porting Letter of Authorisation

Losing Communications Provider (Losing CP)

Name

Registered Address

Gaining Communications Provider (Gaining CP)

Name

Wavetel Limited

Registered Address

88-90 Goodmayes Road

Goodmayes

Essex

IG3 9UU

Customer Details (must be identical to the details on the most recent bill from Losing CP)

Name

Billing Address

Number(s) to be ported (single/multi line?)

I hereby confirm that you have my authorisation to port the above number from you (Losing CP) to the Gaining CP identified above, and that the Gaining CP is authorised to act on my behalf in this matter. I recognise that it is my responsibility to arrange cessation of, or changes to, any other services currently provided by you (Losing CP), if required. You have my authority to disclose, to the Gaining CP, such information regarding the number(s) to be ported – as necessary to allow this port to proceed.

If on behalf of a company, then I confirm that I have the authority of my company to make this instruction.

Signed

Name and Date
