## **Customer Letter of Authority (CLoA)**

for the porting of numbers from one provider to another

Current Retailer		New Retailer	
Name		Name	
Address:		Address:	
Contact		Contact	
Email		Email	

Site a	ddress to register against numbers	Numbers to be Ported (Geo & non-Geo)			
(Use Continuation sheets for additional numbers and/or sites)					
Building Name / Number Street Name					
Town/City County					
Post Code					
MBN	-Main Billing number-If known (Geo only)	Example: 020 7123 0000			

Customer's Company Details (as shown on most recent bill from current provider)				
Company Name				
Billing Address				
Town/City				
County				
Post Code				
Company Registration No.				
Billing Account No. (Non-Geo only)				

<u>Fao my current provider</u>; - This CLoA is to notify you that I (representing the customer shown below) have taken the decision to move my Telephony services to a new Provider and require the numbers associated with those services to be ported across to my chosen new Provider (stated above).

My new Provider is authorised to act on my behalf in this matter & you have my authority to disclose to my new Provider (at their request) any other service or site-specific details they might need to allow this port to proceed (e.g. Site/Billing address post code, DDI number range, Main Billing Number (MBN), etc.).

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

Requester's Details						
Signed						
Print Name		Job title				
Date (DD/MM/YYYY)		Email				
Validity	This CLoA is valid for 6 months from the above date					
Page Number	Example: 1	OF	Example: 6			