

Number Service Provider Porting Form

To be filled in by the customer

Name / Company: _____

Street, House number: _____

ZIP /City: _____

Account number
with donor operator: _____

Preferred Date: _____

Number(s):

Prefix Area Code List of numbers (National format)

0 800 _____

0 800 _____

0 800 _____

I hereby authorize my previous service provider _____

to transfer my number/s to **Voxbone SA/NV** as my new service provider by the preferred date mentioned above.

I authorized **Voxbone SA/NV** to transmit to my previous service provider the inventory of number/s specified in this order form and to communicate to my previous number provider that I wish to move my number/s inventory away from him. This communication can only be done under the context of a number portability request.

Place /Date: _____ Customer Signature: _____

To be filled in by Voxbone SA/NV LNP team

Order confirmation: **Voxbone SA/NV**

Contact: LNP Department Fax: +49 69 257380465 Email: LNP@voxbone.com

Confirmed date: ja nein Alternative date: _____

Justification change of date/Comments: _____

Contact previous service provider: _____ Phone/Fax _____

VOXBONE SA/NV

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