

Anbieterwechsellauftrag von **(VOXBONE)**



Kündigung von Anschlüssen beim Endkundenvertragspartner abgebend (EKPabg)

(separate Kündigung beim bisherigen Anbieter nicht erforderlich)
 Hiermit kündige/n ich/wir den zu unten gemachten Angaben gehörenden Anschluss bei:
 zum nächst möglichen Termin.

(Losing Carrier)

(Cease service with losing carrier)



Hiermit beauftrage/n ich/wir die Portierung (Mitnahme) der angegebenen Rufnummer/n.

Name/Firma: (Name of End user/Business as registered with the losing carrier) **Vorname:** (Last name of the end user as registered with the losing carrier)
Straße: (Street name of End user/Business as registered with the losing carrier) **Hausnr.:** (House Number of End user/Business as registered with the losing carrier)
PLZ: (Post Code of End user/Business as Registered with the losing carrier) **Ort:** (City name of End user/Business as Registered with the losing carrier)



alle Nr. der Anschlüsse portieren

(Tick if all numbers from the customer with the losing carrier should be ported)

Ortsnetzkennzahl

(Area code with the leading zero only and without the country code)

Rufnummer/n

(Achtung, es muss mindestens eine Rufnummer angegeben werden!)

(Single numbers without area/country code to be filled in this section)

Telekommunikationsanlagen:

(Fill this section incase a range is being requested)

Durchwahl-RN

(Number extension without areacode)

Abfragestelle

(Switch Point)

Rufnummernblock:

von (Start of Numberblock) **bis** (End of Numberblock)

* The Durchwahl-RN, Abfragestelle and Rufnummernblock, needs to requested from the losing carrier. Incorrect information can result in rejection of the porting request from the losing carrier.

(Signature and Company Stamp)

Ort, Datum: (Location and date when the LOA was signed)

Unterschrift:

Vertragspartner und ggf. Firmenstempel

von den beteiligten Endkundenvertragspartnern (EKP) auszufüllen	WBCI-GF: <input type="text"/>	Vorab-ID: <input type="text"/>	Änderungs- / Storno-ID: <input type="text"/>	
	PKIlauf: D220	Wechseltermin: <input type="text"/>	neuer Wechseltermin: <input type="text"/>	
	Portierungsfenster: <input checked="" type="checkbox"/> 06:00 - 8:00 Uhr <input type="checkbox"/> 06:00 - 12:00 Uhr <input type="checkbox"/>			
	Rückinformation an: <input type="checkbox"/> Voxbone <input type="checkbox"/> über Fax/E-Mail: <input type="checkbox"/> 069257380465/ <input type="checkbox"/> Inp@voxbone.com Tel.: +3225883989			
	Ressourcenübernahme: <input type="checkbox"/> ja <input checked="" type="checkbox"/> nein Sicherer Hafen: <input type="checkbox"/> Storno ausgeführt: <input type="checkbox"/> ja <input type="checkbox"/> nein			
	Zustimmung: ZWA <input type="checkbox"/> NAT <input type="checkbox"/> ADA <input type="checkbox"/> Datum: <input type="text"/> Ist-Technologie: <input type="text"/>			
	WITA: <input type="checkbox"/> S/PRI: <input type="checkbox"/> WITA-Vertragsnummer / Line-ID: <input type="text"/>			
	Grund: <input type="text"/>			
	Ablehnung: ADF <input type="checkbox"/> KNI <input type="checkbox"/> VAE <input type="checkbox"/> RNG <input type="checkbox"/> WAI <input type="checkbox"/> AIF <input type="checkbox"/> SON <input type="checkbox"/>			
	Ortsnetzkennzahl <input type="text"/>			
Rufnummer/n	PKI abg	PKI abg	Bei Telekommunikationsanlagen:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Durchwahl-RN - Abfragestelle	
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Rufnummernblock	
<input type="text"/>	<input type="text"/>	<input type="text"/>	von <input type="text"/> bis <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	PKI abg <input type="text"/>	
Ansprechpartner <input type="text"/>		über Fax/E-Mail: <input type="text"/>		
		Tel.: <input type="text"/>		
interne Bemerkungen <input type="text"/>				

Aktuelles Vertragsenddatum (Pflichtfeld) (dd/mm/jjjj) **End of Contract date with the losing carrier**

Notes on the LOA completion:

- All fields highlighted are mandatory.
- A full English translation of the LOA is presented below, however the English translation is meant for information purposes only.
- The field for *'alle Nr. Der Anschlüsseportieren'*, should only be ticked incase the end user wishes to port all numbers which they currently have on contract with the losing carrier.
- If single numbers are being requested, kindly only fill in the fields for *'Ortsnetzkenzahl'* and *'Rufnummer/n'*.
- If a range is being requested, kindly only fill in the fields *'Ortsnetzkenzahl'*, *'Durchwahl-RN'* and *'Abfragestelle'* and *'Rufnummernblock: von – bis'*. We kindly recommend that this information is requested by the end user to the losing carrier in order to avoid rejections.
- It is mandatory to provide the end of contract date which the end user has with the losing carrier.
- One LOA can either be used to request single numbers or a number block.

San Francisco
535 Mission St
San Francisco
CA 94105
United States
Tel: +1 415 520 5005

Austin
600 Congress Ave
Austin
TX 78701
United States
Tel: +1 415 520 5005

London
25 Luke Street
London
EC2A 4AR
United Kingdom
Tel: +44 20 3695 6500

Brussels
Avenue Louise 489
6th Floor
B-1050 Brussels
Belgium
Tel: +32 2 808 00 00

Name of recipient operator _____

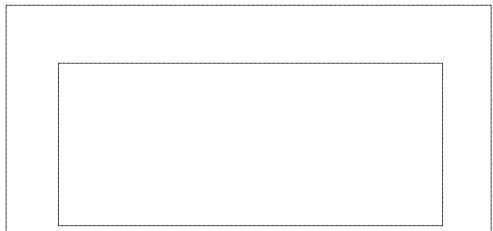
Termination of connections to end customer contracting partner
 (Separate cancellation not required by the current supplier)
 I (we) hereby I (we) want to terminate the connection of the below telephone numbers with: _____
 at the next possible possible date.

Herewith, I (we) authorize the code conversion for the listed telephone number(s).
 Last name/Company : _____ First Name: _____
 Street: _____ Suite/No.: _____
 ZIP: _____ City: _____

All numbers of the connection to be ported

Area Code	Telephone number(s)	(There must be at least one number)	
_____	_____	_____	_____
_____	_____	_____	_____

For Telecommunication systems: Extension - Operator Position Block of numbers
 - from to



City, Date _____ Signature _____

Signature of all contract partners and, if applicable, company stamp

Below section only for Operators use - Please do not fill it out.

WBCI-GF:	<input type="text"/>	Request-ID:	<input type="text"/>	Cancellation- / Date change-ID	<input type="text"/>
Code	<input type="text"/>	Porting date:	<input type="text"/>	New porting date:	<input type="text"/>
Porting time window:	<input type="checkbox"/> 06:00 - 8:00 Uhr	<input type="checkbox"/> 06:00 - 12:00 Uhr	<input type="checkbox"/>		
Contact person	<input type="text"/>	Fax/E-Mail:	<input type="text"/>	Tel.:	<input type="text"/>
Transfer resource needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured port:	<input type="checkbox"/>	Cancellation accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval:	ZWA <input type="checkbox"/> NAT <input type="checkbox"/> ADA <input type="checkbox"/>	Date:	<input type="text"/>	Ist-Technologie:	<input type="text"/>
WITA:	<input type="checkbox"/>	S/PRI:	<input type="checkbox"/>	WITA-number / Line-ID:	<input type="text"/>
Reason:	<input type="text"/>				
Rejection:	ADF <input type="checkbox"/>	KNI <input type="checkbox"/>	VAE <input type="checkbox"/>	RNG <input type="checkbox"/>	WAI <input type="checkbox"/> AIF <input type="checkbox"/> SON <input type="checkbox"/>
Area code:	<input type="text"/>				
Phone number(s)	Extension	Identificator	For Telecommunication systems:		
_____ - _____	_____ - _____	_____ - _____	Extension	- Operator Position	
_____ - _____	_____ - _____	_____ - _____	_____ - _____	_____ - _____	
_____ - _____	_____ - _____	_____ - _____	Block of numbers	_____ - _____	
_____ - _____	_____ - _____	_____ - _____	from	to	
_____ - _____	_____ - _____	_____ - _____	Identificator	_____ - _____	
Donor contact person:	<input type="text"/>	Fax/E-Mail:	<input type="text"/>	Tel.:	<input type="text"/>
for internal usage:					