**LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY**

**Name of new Carrier:** VOXBONE SA

**Registered address:** Avenue Louise 489

1050, Brussels, Belgium.

**Customer details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details, e-mail & phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Numbers to port:**

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_

Individually Provisioned (mandatory) Yes / No

Provisioned as DDI blocks (mandatory) Yes / No

I acknowledge that I must fulfill all existing contractual obligations towards my current Telecom operator, subject to payment of applicable indemnification to the donor operator, and I authorize Voxbone to take all the necessary steps to transfer my number(s) from my current Telecom operator to Voxbone.

In signing this document I confirm that I have decided to port the above listed telephone number(s).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_