

Customer Letter of Authority

for the porting of numbers from one provider to another



Current Retailer		New Retailer	
Name		Name	Inferno Communications Ltd
Address		Address	142 Bedford Road, Letchworth Garden City, SG6 4EA, GBR
Email		Email	porting@inferno.co.uk

Site address to register against numbers		Numbers to be ported		
Name/number				
Street name				
Town/city				
County				
Post code				
Main Billing Number (MBN) <i>(if known - geo only)</i>				

Customer company details	
Company name	
Company registration number	
BILLING DETAILS	Building name/number
	Town/city
	County
	Post code
	Billing account number

FAO my current Provider
<p>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).</p> <p>My new provider is authorised to act on my behalf in this matter and you have my authority to disclose to my new Provider (at their request) any other service or site-specific details they may need to allow this port to proceed (e.g. site/billing address details, DDI number ranges, Main Billing Number (MBM), etc.).</p> <p>I recognise that it is my responsibility to arrange the cessation of, or changes to, any other services provided by my current Provider.</p>

Requester's details			
Signed			
Print name		Job title	
Date	<i>(DD/MM/YYYY)</i>	Email	
Validity	This CLoA is valid for 6 months from the above date	Page number	1 of 2

Customer company name	
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Additional sites and numbers to be ported
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Site addresses	Numbers to be ported

Notes

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Requester's details

Signed			
Print name		Job title	
Date	<small>(DD/MM/YYYY)</small>	Email	
Validity	This CLoA is valid for 6 months from the above date	Page number	2 of 2