

**LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY**

This letter is to authorize DIDWW Ireland Limited to act on behalf of:

\_\_\_\_\_  
(Customer's Billing Name)

\_\_\_\_\_  
(Customer's Billing Address)

\_\_\_\_\_  
(Local Service Address if different from above)

To act as our agent in the matter of: Number Portability  
\_\_\_\_\_

Telephone Number(s):


*(Please use additional page if needed)*

Current Voice Carrier:

Current Account Number:

PIN / Password:

\_\_\_\_\_

Name and Surname (in capital letters):

Title/Position:

Signature:

Date:

*All FIELDS MUST BE FILLED IN*

