Customer Letter of Authority (CLoA)

for the porting of numbers from one provider to another

	Current Provider		New Provider
Name		Name	
Address:		Address:	

Site a	ddress to register against numbers (Use Continuation sheets for additional no	Numbers to be Ported (Geo & non-Geo)
	Ose Continuation sheets for additional in	umbers unu/or sites)
Building Name		Example: 020 7123 4567
/ Number		Example: 0333 041 4450
Street Name		
Town/City		
County		
Post Code		
MBN-Main Billing number-If known (Geo only)		Example: 020 7123 0000

Customer's Company Details			
(as shown on most recent bill from current provider)			
Company Name			
Billing Address			
Town/City			
County			
Post Code			
Company Registration No.			
Billing Account No. (Non-Geo only)			

Fao my current provider; - 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).

My new Provider is authorised to act on my behalf in this matter & you have my authority to disclose to my new Provider (at their request) any other service or site-specific details they might need to allow this port to proceed (e.g. Site/Billing address post code, DDI number range, Main Billing Number (MBN), etc.).

I recognise that it is my responsibility to arrange the cessation of, or changes to, any other services provided by my current Provider.

Requester's Details			
Signed			
Print Name	10	lob title	

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Date (DD/MM/YYYY)	 Email	
Customer Company Name		

Additional Sites and/or Numbers to be Ported			
(continuation sheet)			
	Site Address(es)		Numbers to be Ported
			(Geo & non-Geo)
_	_		
	Requesto	er's Details	
Signed			
Print Name		Job title	
Date (DD/MM/YYYY)		Email	