

**IRELAND - Customer Authorisation Form**

<b>To:</b> (fill in Donor operator name)	<b>From:</b> (replace text with Customer /Company name and Service Address – local Irish address from the same where the number is located)
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**From: Voxbone**  
(Recipient Operator)

**Account No.:**   
(Must be wholesale account number - **\*Mandatory\***)

**Recipient Operator Order Number:**   
(as per order placed with donor – to be inserted by Voxbone)

**Re: Telephone Number(s):**  
(Insert all numbers below - attach additional sheets if required)

**Individual GTNs :**

Main telephone number is : \_\_\_\_\_

Rest of numbers (in the table):

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.

**Hunt Group GTNs :**

Main telephone number is : \_\_\_\_\_

Rest of numbers (in the table):

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.

33.	34.	35.	36.
37.	38.	39.	40.

**GTN Ranges**

Line type (please choose one - **\*mandatory\***) :

1. Basic Rate ISDN
2. Hi-Speed Rate ISDN
3. Fractional Rate ISDN
4. Primary Rate ISDN

Main telephone number is: \_\_\_\_\_

Rest of numbers (in the table): \_\_\_\_\_

From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:
From:	To:	From:	To:

By signature of this form, I authorize you to close my account in respect of the above telephone number/s in conjunction with the successful porting of those numbers to another operator.

I understand that this form will be relayed to you by use of electronic or other means.

I confirm that I have the authority to make this instruction on behalf of my household/company.

The information contained in this form may not be used for any purpose other than that for which it is intended.

I understand that services provided by Voxbone may be different from services provided by [Donor].

I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by [Donor].

You have my authority to disclose such information regarding numbers quoted above together with any other numbers to the new operator as is necessary to allow this port to proceed.

Signature: \_\_\_\_\_

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

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

Position in Company (if applicable): \_\_\_\_\_

Contact Number: \_\_\_\_\_