

N.P.: _____

REQUEST FOR TRANSFER OF SUBSCRIPTION NUMBER

Information about the current subscriber of the telephone connection

Name/Surname: _____

Address: _____

Contact details: _____

Current Communications Provider (DONOR):

Invoice number at operator donor: _____

National (characteristic) Number/N(S)N: _____

Request for TERMINATION of the subscription relationship with the number provider operator (DONOR):

☐

I request the termination of the subscription relationship with the numbering operator and I authorize the number receiving operator to forward this request to him on my behalf. I am aware of the consequences of termination arising from the subscription contract, its additions or contracts related to the subscription contract with the donor. Numbers that are not transferred from the port remain inactive in the network of the number provider (donor) after disconnection. Inactive numbers are non-transferable.

Request for termination Maintenance of the relationship with the number provider operator (DONOR):

☐

I wish to maintain the subscription relationship with the number provider operator that has been concluded in relation to the telephone numbers being ported and I authorize the number recipient operator to forward this request to me on my behalf. I am aware that the subscription contract with the telephone number provider will not be terminated and that I will fulfill all obligations arising from the contract, its additions or contracts related to the subscription contract with the number provider.

Request to change the subscription relationship with an existing BROADBAND service provider:

☐

I want to TERMINATE the existing subscription for broadband service by switching to the new provider Username / contract number / customer code: _____

I am aware of the consequences of termination arising from the subscription contract, its additions or contracts related to the subscription contract with the numbering operator.

in/ ali

☐

I want to MAINTAIN an existing subscription with my current service provider for:

☐

Broadband services

☐

VAT ID: Email

☐

IP telephony

☐

domain

☐

IP TV

☐

other

The Client guarantees that the information provided in the request is accurate and true.

Place and date: _____

Signature/ Stamp of the legal entity: _____

OPERATOR RECIPIENT OF THE NATIONAL NUMBER (recipient) Voxbone SA

N.P.: _____

Name of the employee _____

Session ID: _____