



LETTER OF AUTHORIZATION

TO WHOM IT MAY CONCERN: This is to notify you that until further written notice, we have selected Voxbone., as our primary telecommunications provided for Local Services. Please release these numbers for Local Portability.

This authorization applies to the following Telephone Numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note:

In Norway the information required differs depending on whether the number is owned by a company or by an individual. If you number is residential please complete section 1, if your number is a business number please complete section 2.

Section 1

End user name:

End user address:

Date of birth:

Signature:

Section 2

Company name:

Company address:
Zip Code*

Organization number:

Signature:



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