

## Portability Request Form for Landline Numbers - for Business Customers

Please fill in the form (2 pages). Attach the photo ID, Passport, Passport number and a recent invoice previous carrier

### A. General Information

Communication company Voxbone SA absorbs:

Losing Carrier Company: \_\_\_\_\_

Date \_\_\_\_\_

Number type: \_\_ Single number or single numbers \_\_ Numbering ranges (for business customers in PRI services only)

### B. List of Numbers / Ranges

#### 1. Single number or individual numbers

The fields must be filled in with all the phone numbers associated with the line owners of the previous carrier.  
(Standard number / Toll Free number / business number)

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#### 2. Number Ranges (to be filled by business customers in PRI services only)

From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

#### 3. Identification of the Registered Owner at the Losing Carrier

Please fill in the names of all registered owners of the lines from the losing carrier.

The details must be identical to the details as they are registered with the losing carrier.

Full Name / Company / Corporation \_\_\_\_\_

Means of identification: ID / HP / HZ / Passport / Other

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Address: \_\_\_\_\_

Street No. House: \_\_\_\_\_

#### 4. Disclaimer

I hereby declare that I am the registered customer or his representative or authorized signatory, who is authorized to request the portability of the telephone numbers above,  
And that there is no other registered customer for the number (s), unless the power of attorney attached hereto is exercised.  
I hereby acknowledge and agree that:

The receipt of the Portability Request Form does not imply that the operator of a receiver or the losing carrier will carry out number portability. The losing carrier may refuse portability for reasons determined by law:

If portability is performed, it will be of the number (s) only, and all features and services associated with the number (s) of an operator are canceled, with the number(s). Portability of the number(s) constitutes disconnecting / removing from the losing carrier of the number (s) and all the services and features that existed using the number(s). Services and features requested from the receiving operator must be ordered.

San Francisco  
535 Mission St  
San Francisco  
CA 94105  
United States  
Tel: +1 415 520 5005

Austin  
600 Congress Ave  
Austin  
TX 78701  
United States  
Tel: +1 415 520 5005

London  
25 Luke Street  
London  
EC2A 4DS  
United Kingdom  
Tel: +44 20 3695 6500

Brussels  
Avenue Louise 489  
6th Floor  
B-1050 Brussels  
Belgium  
Tel: +32 2 808 00 00

I know that some of the third-party messages sent to the number we download (for example, SMS messages distributed by different parties) may not be routed by the losing operator to the receiver operator.

I was advised to inform users, or pay others, who are not registered customers of the line, about the portability and removal of services.

I am aware that portability does not exempt any payment and / or debt and / or obligation towards the losing operator, including with regard to existing equipment or infrastructures of the operator was abandoned.

I am aware that during the portability process a temporary cessation of services will be carried out to the number(s).

I know that if I have a "Kosher" number that is anchored in an agreement with the "Rabbinical Committee", the operator of the enumerated number must also be a "kosher" number anchored in an agreement with the Rabbinical Committee.

I hereby confirm with my signature the particulars that I have filled out in this form and that I have read and agreed to the above.

**Stamp details (customer / authorized agent / authorized signatory):**

Date Full name of the signatory: \_\_\_\_\_

Identity of the Signatory (Lineholder / Plenipotentiary / Authorized Signatory)

\_\_\_\_\_

Identification / ID Card / Passport / Other \_\_\_\_\_

ID / ID number / passport / other \_\_\_\_\_

Customer Classification (Private / Business Signature + Stamp)

\_\_\_\_\_

**Signature of the representative of the receiving operator only**

Have appeared before the above signatories and have presented to me the following documents:

Passport / ID / Passport / Other: \_\_\_\_\_

Power of attorney Authorized signature to perform the transaction on behalf of the registered customer:

\_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Approval from the Registrar of Companies: \_\_\_\_\_

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

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

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