

Letter of Authorization for Number Portability

CUSTOMER INFORMATION

Current Telecom operator to port numbers from: _____

Current Telecom account number (if existing): _____

Customer Details:

Company name: _____

First and Last name: _____ Birth Date: .. / .. /

Street Address: _____

Zip/City: _____

Phone: _____ Fax: _____ Email: _____

PORTING DETAILS

Numbers/Number Ranges to port:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Preferred porting date:

☐ SAP (at least 10 working days)

☐ SAP (in accordance with notice period of previous provider): : .. / .. /

☐ ATE (at least 10 working days in advance): .. / .. /

I authorize transfer of my number(s) from my current Telecom operator towards Voxbone:

Voxbone SA Latvijas filiāle

Tel: +32 808 0000
Fax: +32 808 0001
VAT BE: 478.928.788

info@voxbone.com
www.voxbone.com

Kr. Valdemara street 21
LV-1010, Riga, Latvia



☐es

Please note: If I obtain services that require a contract for the telephone line, these shall be automatically terminated on the deactivation date (e.g. Internet access, Voice over IP, subscribed discounts etc.). This can mean that my current provider may bill additional charges relating to breach of contract. In order to avoid such additional costs, I must personally terminate all supplementary contracts on time, i.e. complying with the relevant deadlines and no later than the deactivation date for the telephone line

Name/Position: _____

Signature/Stamp: _____

Place/Date: _____

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