

**NUMBER PORTING AUTHORISATION FORM**

Current Provider		New Provider	
Name		Name	
Address		Address	

**Customer Details**

Company Name:

*(as shown on your most recent Telecom bill from Donor operator)*

Company Address:

Account Number:

Name	
Job Title	
E-mail	
Phone number	

Requester  
Details:


Number or  
Range  
to be ported:

## CUSTOMER AUTHORISATION

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 BICS SA/NV. 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 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 BICS may be different from services provided by the Donor operator. I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by the Donor operator. 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.

I also authorize BICS or its designated agent to obtain billing information, customer service records and other network information required to facilitate the port of the numbers listed in this form.

Print name	Job Title
Signature and date	

## REPRESENTATIVE AUTHORISATION

I am authorized to act on behalf of the Customer in the Position described below. I hereby engage and authorize the gaining service provider to facilitate the porting of these Service Numbers from the current service provider to the gaining service provider, including the cancellation of the service with the current service provider. I also authorize the gaining service provider to obtain from the current service provider any incomplete or further details, which are required to facilitate the port of the numbers listed in this form.

Print name	Job Title
Signature and date	

