

**LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY**

This letter is to authorize DIDWW Ireland Limited to act on behalf of:

Billing Name of Customer as shown on existing Telephone Company Equipment Record

Billing Address of Customer as shown on Telephone Company Equipment Record

Service Address of Customer if different from above

To act as our agent in the matter of: Local Number Portability

Local Telephone Number(s):


Current Voice Carrier:

Current Underlying Carrier:

Main Billing Number On Account:

Account Number:

Number Of Lines Supplied By Current Provider:

Authorized by

Name (Printed):

Title/Position:

Signature:

Date:

ALL FIELDS MUST BE FILLED IN

[illegible]