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| **Current Provider**  | **New Provider**  |
| Name | British Telecom (or relevant network provider) | Name | From: Gamma Telecom Limited |
| Address: | Must be filled out | Address: | Registered Address:James House27-35 James House, Newbury.Berkshire. RG14 1JL |

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| **Site address to register against numbers** | **Numbers to be Ported** *(Geo & non-Geo)* |
| *(Use Continuation sheets for additional numbers and/or sites)* |
| Building Name / Number | Must be filled out | *Example: 020 7123 4567**Example: 0333 041 4450* |
| Street Name |
| Town/City |
| County |
| Post Code |
| MBN-Main Billing number-If known (Geo only) | *Example: 020 7123 0000* |

THE BELOW MUST BE THE END USERS COMPANY DETAILS

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| **Customer’s Company Details***(as shown on most recent bill from current provider)* |
| Company Name | Must be filled out |
| Billing Address |
| Town/City |
| County |
| Post Code |
| Company Registration No. |
| Billing Account No. *(Non-Geo only)* |

**Fao my current provider**; - this CLoA is to notify you that I (representing the customer shown below) have taken the decision to move my Telephony services to a new Provider and require the numbers associated with those services to be ported across to my chosen new Provider (stated above).

My new Provider is authorised to act on my behalf in this matter & you have my authority to disclose to my new Provider (at their request) any other service or site-specific details they might need to allow this port to proceed (e.g. Site/Billing address post code, DDI number range, Main Billing Number (**MBN**), etc.).

I recognise that it is my responsibility to arrange the cessation of, or changes to, any other services provided by my current Provider.

THE BELOW MUST BE THE INDIVIDUAL WITHIN THE ABOVE COMPANY WHO IS GIVING AUTHORITY. Must be signed and dated.

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| **Requester’s Details** |
| Signed |  |
| Print Name |  | Job title |  |
| Date (DD/MM/YYYY) |  | Email |  |

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| **Additional Sites and/or Numbers to be Ported***(continuation sheet)* |
| **Site Address(es)** | ***Numbers to be Ported*** *(Geo & non-Geo)* |
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| **Customer Company Name** |  |

Please ensure all numbers placed on the order are present below, missed numbers will lead to a rejected port.

THE BELOW MUST BE THE INDIVIDUAL WITHIN THE ABOVE COMPANY WHO IS GIVING AUTHORITY. Must be signed and dated.

|  |
| --- |
| **Requester’s Details** |
| Signed |  |
| Print Name |  | Job title |  |
| Date (DD/MM/YYYY) |  | Email |  |