**A picture containing text

Description automatically generatedNumber Porting Customer Letter of Authority**

Please print off using Company letter headed paper, sign, scan and return to Fuse 2 Communications

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Provider** | | **New Provider** | |
| Name | Your Providers Name | Name | (To) GCP: Fuse 2 Communications Ltd |
| Address: | Your Providers Company Address  **IMPORTANT**  **If this is not a Main Network Provider, you will need to confirm who the current provider is re selling for** | Address: | St Georges Square  Bolton  BL1 2HB |

|  |  |
| --- | --- |
| **Customer’s Company Details**  *(as shown on most recent bill from current provider)* | |
| Company Name | Your Company Name/Address as shown on bill/letter Head |
| Billing Address |
| Town/City |
| Country |
| Post Code |
| Company Registration No. | Your Company’s Registration Number if applicable |
| Account No. (Non-Geo only) | Your Company’s Account Number: Non-Geographical Only |

This is to notify you that I (representing the customer shown above) have decided to port the above Direct Dialling In (DDI) or \*VPN/Centrex geographic number(s) from you to the Gaining Operator (also shown above).

The Gaining Operator is authorised to act on my behalf in this matter.

I recognise that it is my responsibility to arrange cessation of, or changes to, any other services currently provided by you if required.

You have my authority to disclose to the Gaining Operator such information regarding the \*Direct Dialling In (DDI) or \*VPN/Centrex site(s) and numbers quoted, together with any other numbers as are necessary to allow this port to proceed.

There are continuation sheets attached (Complete as applicable).

I confirm that I have the authority of my company to make this instruction.

|  |  |  |  |
| --- | --- | --- | --- |
| **Requester’s Details** | | | |
| Signed | Sign Here | | |
| Print Name | Print Your Name Here | Job title | Enter Job Title Here |
| Date (DD/MM/YYYY) | Enter Today’s Date Here | Email | Enter Email Address Here |

**PLEASE NOTE THAT ANY FIELDS INCOMPLETE OR INACCURATE WILL DELAY THE PORTING.**

**PLEASE NOTE THAT INCORRECT DETAILS ENTERED INTO THE PORTING SYSTEM WILL BE REJECTED**

**A £15 CHARGE WILL APPLY PER REJECTION**

**PLEASE NOTE IF WE NEED TO A POV (PROOF OF VALAIDATION) THERE IS WILL A CHARGE OF £20**

**THE INCUMBENT CARRIER CAN REQUEST THIS LOA UPTO 12 MONTHS AFTER THE PORTING**

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|  |  |
| --- | --- |
| **Customer Company Name** |  |

|  |  |  |
| --- | --- | --- |
| **Numbers to be Ported** | | |
| **Site Address: (Address that the numbers are registered against)** | **Single Numbers**  **(Geo & Non Geo Numbers)** | **Number Ranges**  **(Geo & Non Geo Numbers)** |
| Building Name/Number  Street Name  Town/City  County  Postcode | Single Number to Port:  Is this a Single/Multi Line: | Main Billing Number for Range:  First Number in Range:  Last Number in Range:  Total Number Count in Range: |
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| --- | --- | --- | --- |
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