Customer Letter of Authority (CloA)

For the porting of numbers from one provider to another

Current Provider		New Provider	
Name		Name	
Address:		Address:	

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		
Street Name		
Town/City		
County		
Post Code		
MBN-Main Billing number-If known (Geo only)		

Customer's Company Details (as shown on most recent bill from current provider)	
Company Name	
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 above) 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 **VoIPstudio** 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.

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