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## LETTER OF AUTHORIZATION AND CONSENT FOR EQUIPMENT RECORDS AND 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:

\_\_\_\_\_  
Authorization

Name (Printed): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(ALL FIELDS REQUIRED)