

| Current Provider |  | New Provider |  |
|------------------|--|--------------|--|
| Name             |  | Name         | Gamma Telecom  |
| Address          |  | Address      | The Malthouse,<br>Elevator Road,<br>Trafford Park,<br>Stretford,<br>Manchester,<br>M17 1BR |

| Site address registered against numbers                              |  | Numbers to be Ported<br>(Geo & non-Geo) |
|--|--|---|
| <i>(Use Continuation sheets for additional numbers and/or sites)</i> |  |   |
| Building Name / Number   |  | Example: 0116 436 9998                  |
| Street Name  |  | Example: 0808 280 9987                  |
| Town/City  |  |   |
| County   |  |   |
| Post Code  |  |   |
| MBN - Main Billing number - If known (Geo only)                      |  |   |

| Customer's Company Details<br><i>(as shown on most recent bill from current provider)</i> |  |
|---|--|
| Company Name  |  |
| Billing Address   |  |
| Town/City   |  |
| County  |  |
| Post Code   |  |
| Company Registration No.  |  |
| Billing Account No. <i>(Non-Geo only)</i>   |  |

**F.A.O 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.

| Requester's Details |  |           |  |
|---------------------|--|-----------|--|
| Signed              |  |           |  |
| Print Name          |  | Job Title |  |
| Date (DD/MM/YYYY)   |  | Email     |  |
| <b>Validity</b>     | <b>This CLoA is valid for 6 months from the above date</b> |           |  |

|                              |  |
|------------------------------|--|
| <b>Customer Company Name</b> |  |
|------------------------------|--|

| <b>Additional Sites and/or Numbers to be Ported</b><br><i>(continuation sheet)</i> |   |
|--|---|
| <b>Site Address(es)</b>  | <b>Numbers to be Ported</b><br><i>(Geo &amp; non-Geo)</i> |
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| <b>Requester's Details</b> |  |                  |  |
|----------------------------|--|------------------|--|
| <b>Signed</b>              |  |                  |  |
| <b>Print Name</b>          |  | <b>Job Title</b> |  |
| <b>Date (DD/MM/YYYY)</b>   |  | <b>Email</b>     |  |
| <b>Validity</b>            | <b>This CLoA is valid for 6 months from the above date</b> |                  |  |