



Voice Services Customer Authorisation Form for Ireland

To: *(Donor operator)*

From: *(Customer/Company name and service address as shown on most recent telecommunications bill from donor)*

From: *(Recipient Op)* **Verizon**

Account No.: *(as shown on most recent telecommunications bill from donor)*

Recipient Operator Order Number: *(as per order placed with donor – to be inserted by recipient)*

Re: Telephone Number(s): *(Insert all numbers below - attach additional sheets if required)*

Individual GTNs

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.

Hunt Group GTNs

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.

GTN Ranges

<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>

By signature of this form, I authorise you to close my account in respect of the above telephone number/s in conjunction with the successful porting of those numbers to another operator.

I understand that this form will be relayed to you by use of electronic or other means.

I confirm that I have the authority to make this instruction on behalf of my household/company.

The information contained in this form may not be used for any purpose other than that for which it is intended.

I understand that services provided by [Recipient] may be different from services provided by [Donor].

I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by [Donor].

You have my authority to disclose such information regarding numbers quoted above together with any other numbers to the new operator as is necessary to allow this port to proceed.

Signed: _____

Date: _____.

Print Name:

Position in Company (if applicable):

Contact Number:

For all Irish geographic ddi imports, Eircom have introduced an additional level of validation requiring the Recipient Operator to confirm both the Line and ddi type of the geographic ddi we are attempting to import.

If the end user is not aware of which type of service they have from the list below, then they will need to contact Eircom customer services or their Eircom account manager to confirm before submitting any GNP porting requests.

Please select **1 Line Type** and **1 DDI Type** (if there is a ddi block) from the following list:

Line Type:

PSTN:	<input type="checkbox"/>
Basic Rate ISDN Line	<input type="checkbox"/>
Hi-Speed ISDN Line	<input type="checkbox"/>
Fractional Rate ISDN Line	<input type="checkbox"/>
Primary Rate ISDN Line	<input type="checkbox"/>

DDI Type :

Direct Dialling Inwards (10 Block)	<input type="checkbox"/>
Direct Dialling Inwards (100 Block)	<input type="checkbox"/>
Direct Dialling Inwards (1000 Block)	<input type="checkbox"/>
Direct Dialling Inwards (10000 Block)	<input type="checkbox"/>
Location Ported Direct Dial Inwards (100 Block)	<input type="checkbox"/>
Location Ported Direct Dial Inwards (1000 Block)	<input type="checkbox"/>
Local Ported PSTN Migrated Number	<input type="checkbox"/>
PSTN Migrated Number	<input type="checkbox"/>
Multiple subscriber Number	<input type="checkbox"/>