

SIP Number Porting Application Form

Valid In Person / Fax / Mail

Applicant	Name:	(Signature)	Resident Registration Number (RRN):
	Relation with Subscriber	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Representative of Business (Officer)	


			Serial Number:		
Subscriber Information	Phone service to be terminated:	<input type="checkbox"/> KCT <input type="checkbox"/> KT <input type="checkbox"/> LGU+ <input type="checkbox"/> SK Networks <input type="checkbox"/> SK TelLink <input type="checkbox"/> DreamLine <input type="checkbox"/> Samsung Network <input type="checkbox"/> Sejong Telecom <input type="checkbox"/> SK Broadband <input type="checkbox"/> Other ()	Phone service to be ported to:	<input type="checkbox"/> KCT <input type="checkbox"/> KT <input type="checkbox"/> LGU+ <input type="checkbox"/> SK Networks <input type="checkbox"/> SK TelLink <input type="checkbox"/> DreamLine <input type="checkbox"/> Samsung Network <input checked="" type="checkbox"/> Sejong Telecom <input type="checkbox"/> SK Broadband <input type="checkbox"/> Other ()	
	Name (Company Name)				
	Resident Registration Number		Business Registration Number		
	Current Telephone Number(s) to be ported:	Use “~” for serial telephone numbers			
		() - - -	() - - -		
		() - - -	() - - -		
		() - - -	() - - -		
		() - - -	() - - -		
	Equipment Cost (Deposit) Refund	Bank Name:	Bank Acct No.	<input type="checkbox"/> In Person	
	Contact Number (Home) Person in Charge, if corporate		Contact Number : Mobile (Personal or Corporate)		
	Available Hour:	<input type="checkbox"/> 09~11 <input type="checkbox"/> 11~14 <input type="checkbox"/> 14~16 <input type="checkbox"/> 16~18			
	Customer Type:	<input type="checkbox"/> Personal <input type="checkbox"/> Business		Preferred Activation Date:	
Current Service Address					
New Service Address					

1. Application for porting numbers will be processed based on customer requests, and customers who have ported their numbers are prohibited from moving their numbers to new provider for a limited period. However, the limited period restriction does not apply if a customer submits request to Korea Telecom Operators Association (KTOA) directly.
2. Once the number is ported, our existing service T&C and pricing will apply. The new service provider is responsible for billing.
3. I/We agree that, subscriber information given (Name, TN, Address etc) will be shared with KTOA and Local & SIP Telephone Service(s) to apply for number porting.

I/We hereby request to port the telephone number(s) and agree to follow all the rules & restrictions of SIP Telephone Service.

Name (Business Name):

(Signature / Seal)

FOR OFFICIAL USE ONLY	Unique Intermediate Number for SIP number porting		Service Type		<input type="checkbox"/> L -> V <input type="checkbox"/> V -> V
	Location:		Date:	Application Method: In Person / Mail / Fax	
	Received by:			Other Note:	

Notice for SIP Number Porting

[Cancellation of related product and value added service]

Related products and value added services provided by OOO (service provider before porting number) will be automatically cancelled when the number is ported.

[Equipment Cost/Deposit Refund]

Equipment Cost/Deposit for current service by OOO will be refunded.

I confirm that I was notified about cancellation of related/value added services and refund of equipment cost/deposit.

[Service Coverage]

Local phone service covers local area only. Inform the service provider and request new telephone number if you need change of the service coverage. Otherwise, service will be limited.

[Toll on Caller]

Toll will be applied to a caller based on the service coverage, if local TN calls TN ported from local phone service to VoIP.

[Emergency Communication and Blackout]

Emergency alarm and blackout communication maybe limited after porting TN in local service to VoIP.

Name

(Signature/Seal)