



## **Customer Instruction/Authorization Form**

То:	From: <b>Novatel d.o.o.</b>
(Donor operator: your old operator)	(Gaining operator)
	Customer Details
Company Name:	
(as shown	n on your most recent Telecom bill from Donor operator)
Company Address:	
Invoice Number:	
(as shown	on your most recent Telecom bill from the Donor operator.
Numbers to be Ported:	
	g the full area code – attach additional sheets if required. Ensure that no line is currently Broadband & that all numbers in a single hunt group are included)
Termination mode:	
The undersigned requests the operator to provide this request to him	e termination of the subscription to the operator donor and authorizes recipient service n in my name
I understand the consequence that are tied to the contract subscription	es of disruption resulting from a contract of subscriptions, its accessories, or contracts ons by the donor.
I also want to check out the b Broadband Order No./ Username:	proadband services operator donor linked to the associated telephone line
The undersigned wish to main number that is transmitted.	intain a subscription to the operator donor, which was concluded in relation to a
	the contract subscription will be adjourned, and that I fulfilled all obligations arising ories, or contracts that are tied to the contract subscriptions by the donor.
Note: Maintaining a subscription donor subscription is maintained.	r operator granted a replacement/s numbers/s and charge a monthly fee for

By signature of this form, I authorize you to close my account in respect of the above telephone number/s in conjunction with the successful porting of those numbers to Novatel d.o.o.. 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 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 Novatel d.o.o. may be different from services provided by the Donor operator. I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by the Donor operator. 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:	Print Name:
Position in Company (if applicable):	
Date:	