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| **CLoA type** *(tick as appropriate)* | | |
| Request | Please be advised that I wish to submit this CLoA for port of all associated numbers |  |
| Cancellation | Please be advised that I wish to cancel this CLoA & all associated port order(s) |  |

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| **Current Provider** | | **New Provider** | |
| Name | *Local Carrier name* | Name | BT IPEX / Orange Business Services |
| Address: | *Must be address is UK* | Address: | 4th Floor, The Porter Building  1 Brunel Way  Slough  SL1 1FQ |

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| **Numbers to be Ported**  *(continuation sheet overleaf)* | | |
| **First no. in Range**  ***(or single number)*** | **Last No. in Range** | **Count of Numbers**  ***(enter 1 if single number)*** |
| *Example: 020 7123 4567* |  | *1* |
| *Example: 01737 100 200* | *01737 100 209* | *10* |
|  |  |  |
| MBN (Geo only) | *Add MBN for above records. In case MBN has NOT to be ported note this here.* | |

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| **Address to register against numbers** | |
| Building Name / Number | This is the address of the location where the number(s) are to be registered against after porting, this could be the same or new location  This address MUST include the Post Code. |
| Street Name |
| Town/City |
| Country |
| Post Code |

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| **Company Details**  *(as shown on most recent bill from current provider)* | |
| Company Name | This is the address of the location which the current provider holds on record for the number(s). Normally verify this address against the billing records for the site, it is possible that the losing carrier address for the number is different from the physical address.  This address MUST include the Post Code. |
| Billing Address |
| Town/City |
| Country |
| Post Code |
| Company Registration No. |  |
| Account No. (Non-Geo only) |  |

**Fao 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.

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| **Requester’s Details** | | | |
| Signed | Every page of this document is to be signed and then forwarded in a format that cannot be edited, such as PDF or an Image. | | |
| Print Name |  | Job title |  |
| Date |  | Email |  |

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| **Numbers to be Ported**  *(continuation)* | | |
| **First no. in Range**  ***(or single number)*** | **Last No. in Range** | **Count of Numbers**  ***(enter 1 if single number)*** |
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| **Requester’s Details** | | | |
| Signed |  | | |
| Print Name |  | Job title |  |
| Date |  | Email |  |

**New CLoA Template, Purpose, Ground Rules & Logistics**

* **A single CLoA template** which caters for both **Geo & Non-Geo** Numbers including ALL order types (i.e**.** Single, Multi-line, Multi-number)
* **Provides Customer authority** to initiate the port order
* **Provides proof of ownership** (i.e. legal right to port the numbers concerned)
* **Provides authority (to the current provider) to share details** associated with the current service, with the new (gaining) provider, if requested to do so. On receipt of a request for information from the GP, **the LP is obliged to engage, as necessary, with the GP** to ensure an accurate port order can be raised.
* **Provides accurate details** regarding the specific numbers to be ported.
* **Provides accurate post code details** (Billing & Site-specific) to support any order validation checks which may need to be undertaken by the Losing N/W CP.
* **Provides facility for CLoA signatory (i.e. the Customer) to also ‘cancel’ their order if they decide to do so subsequently.**
* **Provides name, address and contact details for the two Retailers involved** (i.e.Gaining & Losing)
* **Non-Geo Numbers – A CLoA must always be obtained**
* **Geo M/L Numbers - A CLoA must always be obtained**
* **Geo S/L Numbers – For Business End Users (i.e. non-automated order**), **- A CLoA must always be obtained**
* **Geo & Non-Geo numbers**
* Once obtained, the GP must hold the CLoA on file for a min period of 1yr.
* Once obtained, the GP must forward the CLoA up their supply chain to the Gaining N/W CP
* The GNCP must forward the CLoA to the Losing N/W CP if they so request it, within 24hrs.
* **CLoA – Inter-CP handling**
* Once obtained, the GP must hold the CLoA on file for a min period of 1yr.
* Once obtained, the GP must forward the CLoA up their supply chain to the Gaining N/W CP
* The GNCP must forward the CLoA to the Losing N/W CP if they so request it, within 24hrs.
* **CLoA Logistics** A fully completed CLoA may be submitted in either of the following ways:
* **Scanned CLoA template with authorised signature sent as an email attachment** from the Customer’s business email address (which must show their Business title, and the company’s full name & address).

N.B The attached CLoA **may use e-Signature**.

N.B. The email **may use e-Signature**

N.B. The attached CLoA template **does not need to be on letter-headed paper**

N.B. By exception, the CLoA signatory & the email originator do not have to be the same person.

N.B. Each CLoA will be ‘site-specific’. (i.e. additional CLoA required for each additional site)

* **CLoA ‘format flexibility’** - Retailers may also transpose the new CLoA content into the Retailer’s standard order form (i.e. tailored to also meet the Retailer’s needs). This can then accommodate whatever e-signature method the retailer chooses to use. The CLoA content must be fully transposed with all fields faithfully incorporated.
* **Standalone CLoA template with authorised signature sent by Fax or posted letter**

N.B. The CLoA must be signed by an authorised signatory and must be on letter-headed paper