Ce document doit être utilisé exclusivement dans le cadre

* D’une demande de transfert d’un produit existant Orange SA vers le produit Business Talk.
* D’un transfert de numéros Business Talk vers un nouveau client.

Ce document **ne doit pas être utilisé** en cas de Portabilité entre un opérateur tiers et Orange SA.

Ce document est à joindre lors de la demande de portabilité.

|  |  |
| --- | --- |
| **Numéro de Désignation d'Installation (NDI):**  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Portage NDI 🞏 Oui 🞏 Non  Si vous effectuez un transfert complet, veuillez cocher Portage NDI « OUI ». | |
| **Liste de numéro(s) individuel(s) associé(s)**  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | **Numéros consécutifs associés (SDA)**  De \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  A \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

**Identification du service actuel**

Dénomination sociale : **Orange SA**

**Identification du client titulaire du(des) numéro(s)**

Raison sociale\*: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Numéro de SIRET (= SIREN + NIC): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Code NAF : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse\*: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Localité: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Code Postal: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Identification du site Client**

Raison sociale\*: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Numéro de SIRET (= SIREN + NIC): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Code NAF : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Adresse\*: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Localité: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Code Postal: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Nom de contact (en imprimé): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Numéro de contact: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

|  |
| --- |
| Fait à le  Pour **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature précédée des nom, prénom et qualité du signataire |
| Cachet du Client |