

Customer Instruction form

To: (Donor operator)

Recipient Operators Name: COLT Technologies Ltd.

Customer/Company Name:

Address:

Account No.:

(as shown on most recent telecommunications bill from donor)

Re: Telephone Number/s:

(Insert all numbers here - attach additional sheets if required)_____.

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.

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

Signed:_____.

Date:_____.

Print Name:

Position in Company (if applicable):

Contact Number: