



SB ORDER

Service for Port In / Port Back number

() PSTN only

() PSTN bundle with PCCW

Port In / Port Back – Customer Request Form (must attach NSD Form)

To : Carrier Team : Fax: 2962 5697 (fax Customer Request Form and NSD Form, no need to fax other documents)

Marketing Team – Fax : 2962 5289 (for port back cutover at overtime hours, Marketing Team to endorse the absorption of 2N overtime surcharge, fax Customer Request Form only)

From : _____ Support Fax: _____ (input your Support Team info)

Name : _____ (AM / ASM / CSS / Channel ASM)*

Tel No.: _____ Fax: _____ Date: _____

Part A - Customer Information

Customer Name:

(same as the name in 2N bill invoice)

Installation Address (tick as appropriate)

☐ Existing address (no need to fill in address details) ☐ Remove to new address (need to fill in address details)

Flat/Room : _____, Floor : _____, Block : _____

Building : _____

Estate : _____

Street No. : _____, Street Name : _____

District : _____, Lot No. : _____, HK/KLN/NT

For 2N blockwiring building and port back from same 2N, Field Services applies ONP with blockwiring, i.e. "SAME ADDRESS" marker exist
Order Remark

For 2N blockwiring building but "port back from 3N" or "relocation from other premises", Field Services shall apply new BW from 2N Port

from (tick as appropriate) :

☐ WTT ☐ HKBNES ☐ HGC ☐ HKBN ☐ HKC ☐ SSL ☐ ComNet ☐ HKT (former CSL Limited) ☐ VZ ☐ CMHK

Tel No.	Serv. type *	NN No.	Tel No.	Serv. type *	NN No.

* Service type in 2N network : T = DEL/Faxline/Citinet ; H = Hunting; D = DDI/IDA;
P = Personal No/One Call No; TF = toll free; I = infoline; O = Others

Dragon service order number : _____ SB ID : _____

For port back date on Sun or P.H. or at overtime hours (Mon-Fri after 17:00, Sat after 13:00), pls fill in Part B for Marketing Team endorsement.

Request Cutover Date : _____ Cut-over Window Time :
(min 2 hrs, e.g. 09:00 – 11:00 hrs)

Part B - Cutover at Non-Office Hours - endorsement to absorb 2N overtime surcharge by Hong Kong Telecommunications (HKT) Limited

Endorsed by : _____ Commercial Marketing Manager / Consumer Marketing Manager

Part C - Acknowledge receipt of Port In / Back document

From : Carrier Team Date : _____

Remarks _____

* Delete as appropriate