Geographic Number Portability Direct Dialling In

Letter Of Authorization

The letter shown below will be utilized by RingCentral to transfer your telephone number from your current service provider. Please provide your signature below where indicated.

The Standard Letter of Agency Document

A Letter of Agency (LOA) must be completed by the end-user and supplied to COLT Telecommunications upon request. The LOA must contain the name and current service address of the end-user and the numbers that will be ported to COLT Telecommunications from the end-user's current carrier.

Dear Customer:

Thank you for choosing COLT Telecommunications as your service provider. As you are aware, you may continue to use your existing telephone number with COLT Telecommunications VoIP service. In order to transition your current telephone number to COLT Telecommunications VoIP service, COLT Telecommunications must work with your previous service provider to ensure that your service is uninterrupted, and where applicable, to ensure that your number is transferred.

Your prior service provider requires this letter as a proof that you have explicitly authorized and requested that your service and current telephone numer be transferred to another service provider. By filling in all the information requested below, and signing and dating this letter, you provide us with the authorization to initiate the process of transferring your service and telephone number to COLT Telecommunications VoIP Services. You will then be able to use your old number with your new COLT Telecommunications service.

Please ensure the following information is completed accurately which will help prevent possible delays.

To: *		From: COLT Telecommunications	
Registered Address: *		Registered Address:	
		BEAUFORT HOUSE 15 ST BO	
		LONDON, ENGLAND EC3A 7	QN
* Please fill in your current service provider	name and address.		
Customer Details			
Company Name:			
Company's			
Registered Address:			
Company's			
Registered Number:			
Requesters Details			
Name:			
Job Title:			
Contact Details (Phone):			
E-Mail Address:			
Site Address			
(Service Address):			
	I	T	
Telephone Number Begin	Telephone Number End	Billing Telephone Number	Customer Requested Por Date
			Date
This is to notify you that I (repre geographic number (s) from you The GCP is authorised to act on I I recognise that it is my responsi if required. You have my authority to disclos quoted, together with any other I confirm that I have the authority	to the GCP (also shown above) my behalf in this matter. ibility to arrange cessation of, one to the GCP such information renumbers as are necessary to al	r changes to, any other services regarding the Direct Dialling In (low this port to proceed.	s currently provided by you
Print Name:		Date:	
Signature:			