

Porting Request Form

FIXED

Number(s) to be Ported _____

Number(s) for IVR/SMS Check _____

Current Operator _____

Customer Name _____

Customer Billing Address _____

Subdivision _____

Street Address _____

House or Building Number _____

Lot Number _____

Pole Number _____

Telephone Contact _____

Email _____

Type of ID Inspected Passport Number: _____ Drivers License Number: _____

Other ID if Applicable: _____

OCUSTOMER DECLARATION

I declare that the information given is correct, that I am requesting new services from BTC and that I am appointing BTC to close my account with _____ . I further declare as follows:-

YES NO

YES	NO

1. I am the current subscriber for the number to be ported, or am duly authorized in writing to act on behalf of the subscriber.
2. I understand that all messages in the voice mailbox and any other ancillary/associated services of my existing operator will be lost.
3. I understand that configuration information from my existing account will not be transferred to the new account.
4. I understand that associated fax and data numbers will not be ported and will cease to be in service.
5. I confirm that I wish to be a registered subscriber with BTC.
6. I understand that I may have to pay any early termination charges due to my existing operator.
7. I understand that I will have to pay my existing operator for any subscriptions and call charges until the account is closed.
8. I am requesting the closure of ALL services associated with my account with the donor operator, including voice, broadband etc.
9. I understand that BTC is not liable for any charges payable to my current provider.
10. I understand I am entering into a new contract with BTC which contract includes BTC's terms and conditions of service and early termination fees, and that I will be required to execute a separate contract for such services.
11. I understand that call charges may change after porting;

OFFICIAL USE – BTC

Order taken by (Employee Name) _____

I confirm that I have checked the customer ID and retained a copy.

Service Order Number _____

Name _____ Signature _____

Signature _____ Print Name _____ Date _____