

Porting Authority Form Virtual Mobile Numbers (AU)

Company Name:	
ABN or ACN if a company:	
OR where applicable:	
Customer Surname	Customer Given name(s)
Address: (Street Address)	(Suburb)
(State)	(Postcode)
Current Mobile Service Pro	vider:
Current Account/Reference	e number OR Date of birth:
*The following section is of Notifyre.	nly required where the current mobile service provider is not
Mobile Number on the f	ecified Mobile Service Number(s) to Notifyre as a Virtual following date:
Date/// Alternate Contact Num	ber (in case of porting contact):
	authorised to request porting of the Mobile Service Number(s)
I have provided the	requested ID documentation to support port verification.
	nis Authorisation is valid for 30 days and that the Port of the ber(s) must complete within 30 days, or a new Authorisation
Number(s) and rela	Porting will result in disconnection of the Mobile Service ted services (e.g. Voicemail) from the current Service Provider, ention of the account with the current Service Provider may

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include Termination or Port Out Fees.



• I authorise the Mobile Service Number(s) to be disclosed to other Network Providers for the purpose of routing of calls, complaint handling, customer network fault management and routing of SMS messages to the MSN(s) after porting activity.

Custome	r/auth	norised c	agent:		
Sign here):			 	
Print nan	ne:			 	
Date:	/	/			