

## 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) (Postcod	le)	
Current Mobile Service Provider:		
Current Account/Reference number OR D	ate of birth:	
*The following section is only required wh	nere the current mobile service provider is <b>n</b> o	<b>ot</b> Notifyre.
I request to port the specified Mobile following date:	Service Number(s) to Notifyre as a Virtual I	Mobile Number on the
Date/		
Alternate Contact Number (in case of p	oorting contact):	
I declare that I am authorised to re	equest porting of the Mobile Service Numbe	r(s) provided.
I have provided the requested ID of	locumentation to support port verification.	
I understand that this Authorisat	ion is valid for 30 days and that the Port	of the Mobile Service

- I understand that this Authorisation is valid for 30 days and that the Port of the Mobile Service
  Number(s) must complete within 30 days, or a new Authorisation will be required.
- I understand that Porting will result in disconnection of the Mobile Service Number(s) and related services (e.g. Voicemail) from the current Service Provider, and that the finalisation of the account with the current Service Provider may include Termination or Port Out Fees.

Notifyre

## Confidential



• 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.

Customer/au	thoris	ed agent	c:			
Sign here:						
Print name	i					
Date:	/	1				