

## FIXED NUMBER PORTING FORM

Kindly complete all fields as appropriate, otherwise we shall be unable to process your request for number portability. We shall also be unable to process your request if you do not attach a copy of all the relevant documents indicated at the end of this form. Details of applicant - (note: applicant must be a subscriber with an existing fixed line service provider)

### TO BE COMPLETED BY INDIVIDUAL APPLICANTS

Name & Surname:

Installation Address:

Town

Postcode:

I.D./Passport No.

*Please attach a copy; state passport no. only if not in possession of Maltese I.D. Card*

### TO BE COMPLETED BY CORPORATE APPLICANTS

Name of Company / Other entity:

Company / Other Entity Registration Number:

Type Of Organization (e.g. Registered Company Or Other):

### INFORMATION REGARDING APPLICANT'S CURRENT FIXED LINE ACCOUNT

Name of current fixed line service provider:

Telephone number/s to be ported:

Current fixed line account number:

Nature of current fixed line account (indicate whether pre-paid or post-paid):

### DOCUMENTS TO BE ATTACHED FOR INDIVIDUAL APPLICANTS:

- Copy of identity card / passport of applicant / applicant's authorized representative
- Any power of attorney granted by applicant to authorized representative appearing on his behalf
- Copy of bill or statement issued within the last 3 months prior to the date of submission of this request form

### DOCUMENTS TO BE ATTACHED FOR CORPORATE APPLICANTS:

- Copy of identity card of applicant's authorized representative
- Copy of bill or statement issued within the last 3 months prior to the date of submission of this request form
- In the case of corporate customers who are not companies (e.g. clubs), then the copies of evidence that the applicant is an authorized representative shall also be sent

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### APPLICANT'S DECLARATION

I, the undersigned, wish to apply for number portability in the manner indicated in this request form and agree to pay any relative charges.

I declare that I do not have a CPS service associated with my line. I further understand and consent to the following:

1. If my number is successfully ported in the manner indicated in this request form, the existing contractual relationship that I have with my current fixed line service provider shall terminate forthwith. This shall however not affect any and all accrued or outstanding rights and obligations arising under such contract, which rights and obligations shall survive the porting so long as they are not inconsistent with it. I understand that in the event of such successful porting, this completed request form shall form an integral part of my contractual relationship with the Recipient Operator together with any other application form and/or conditions of service that Recipient Operator may publish from time to time.
2. By completing this form I hereby authorize the recipient operator to act as my mandatory vis - à - vis my current fixed line service provider and as such:
  - A. to request such provider to close my current fixed line account;
  - B. to instruct such provider to apply an announcement stating that my number has changed; and
  - C. to do everything necessary to process my request in this form
3. As soon as my current fixed line account is closed, I may lose any voice messages that may be stored in my voicemail, other supplementary services provided on the ported number, and any broadband service combined with the telephone line providing the ported number, if applicable.
4. As soon as my current fixed line account is closed, my current fixed line provider shall remove any entry/entries relating to my current fixed line account that I may have in any directory information service of such provider.
5. If my current fixed line account is pre-paid I will, as a result of porting, lose any unused credit that I may have remaining with my current fixed line provider.
6. My current fixed line provider shall be entitled, following the porting, to recover any equipment and/or wiring that I have been using in relation to my current fixed line account.
7. I understand that the donor operator is not allowed to initiate contact with me from when they are aware of my signed application form and for a period of two months after the porting has been successfully completed, and that I should report any violations of this requirement to the recipient operator. Nevertheless, I may contact the donor if I wish to do so.
8. I hereby declare that I am aware that after signing this application form, the recipient operator shall not accept another application on my behalf to migrate back to the donor, or to another service provider using Fixed Number Portability for a period of two months after completion of the migration process.

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APPLICANTS SIGNATURE

*If you are completing this form in your own name as applicant please sign above*

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NAME

*Of the Person Submitting this Form*

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REPRESENTATIVE'S SIGNATURE

*If you are completing this form on behalf of the applicant please sign above*

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NAME

*Of the Representative's Submitting this Form*

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REPRESENTATIVE CAPACITY

*Designation*

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DATE OF SIGNATURE