



Porting Authority Form

Service(s) listed on this form are to be transferred to *AussieDial*

| Service Number to be Transferred | Primary Answer Point | Account Number for each Service with existing carrier |
|----------------------------------|----------------------|---|
| | | |

I certify that I have the authority as lessee of the service(s) listed on this form and its attachment, or as the authorised agent for the lessee, to request porting of these services to **AUSSIEDIAL**

I understand that porting will result in disconnection of these service(s) from existing carrier and finalisation of the account(s) for these services from existing carrier.

The existing carrier is

To be Completed for all Applications for Ported Numbers

Business Name

Customer Name

ACN /ARBN

Service Address

Suburb State Postcode

Billing Address

Suburb State Postcode

Daytime Contact Phone Number

Print Name of Authorised Person

Title of Authorised Person

Signature of Authorised Person

Date (dd/mm/yyyy)

Rights of Use Holder authorisation to activate



Rights of Use Authorisation Porting Authority

Service(s) listed on this form are to be activated by *AussieDial*

| Service Number to be activated | Primary Answer Point | Account Number to be activated on |
|--------------------------------|----------------------|-----------------------------------|
| | | |

I certify that I am the Rights of Use Holder and I authorise the activation of the service(s) listed on this form and its attachment.

The reseller is

To be completed by the Rights of Use Holder for all applications to Activate Numbers

Business Name

Customer Name

ACN /ARBN

Service Address

Suburb

State

Postcode

Billing Address

Suburb

State

Postcode

Daytime Contact Phone Number

Print Name of Rights of Use Holder

Title of Rights of Use Holder

Signature of Rights of Use Holder

Date (dd/mm/yyyy)

Note: The details provided will be validated against the ACA's ROU Register.