



Porting Authority Form (PAF)

1. Account Holder

Business Name (if applicable)

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Title Surname Given Name(s)

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2. Address Details

Unit Number Street Number Street Name

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Suburb State Postcode

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E-mail Address Date of Birth (dd/mm/yyyy)

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Telephone Number Fax Number

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3. I wish to port the following services to iTalk:

Telephone number	Cat A/C	Current carrier	Current carrier s account number
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()			
()			
()			

(If more space is required, please complete the attached Schedule 1)

OR I wish to port the following range of telephone numbers to iTalk (Cat C):

First number in range	Last number in range	Current carrier	Current carrier s account number
()	()		

Preferred cutover date (dd/mm/yyyy) Preferred cutover time

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(At least 4 business days from today if not provided then it is assumed to be required as soon as possible)

I authorise for the telephone number(s) listed above to be ported to iTalk.

I acknowledge that I am authorised to request the porting of the telephone number(s) listed on this form.

I acknowledge that I have been advised that:

- by porting the telephone number(s) listed on this form, the service associated with that telephone number is disconnected from the existing service provider s network and may result in finalisation of the account for that service;
- by porting the telephone number(s) listed on this form, any DSL/Spectrum Sharing service associated with that telephone number is disconnected and may result in finalisation of the DSL Spectrum Sharing account for that service; and
- although I have the right to port the telephone number(s), there may be costs and obligations associated with the port which may include early termination fees and porting fees.

Signature

*Date

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Name

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Capacity (circle the appropriate option)

Customer	Agent	Authorised Representative
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By executing this Customer Authority the signatory warrants that they are authorised to sign this Customer Authorisation on the Customer s behalf.

* This Customer Authorisation is valid for 90 calendar days from this date.