

CUSTOMER PORTING FORM



CHECKLIST

Please attach a copy of your most recent telephone bill

CUSTOMER NAME & ADDRESS

(As per recent telephone bill)

NAME OF CURRENT TELEPHONE PROVIDER

NEW OPERATOR

RIPPLE COMMUNICATIONS LTD

**HOUSTON HALL,
BALLYCUMMIN AVENUE,
RAHEEN BUSINESS PARK,
LIMERICK**

SERVICE DETAILS

UNIVERSAL ACCOUNT NO (UAN)	TYPE	NUMBER(S) TO BE PORTED

I request that you port my number(s) as indicated above from my current provider to Ripplecom

If you have a house alarm, credit card machine, fax machine, or any other device/service that works over your telephone line, we advise you to check with your supplier of that service to ensure that it will still work over the Ripplecom VoIP service

SIGNED

DATE

PRINT NAME