

NUMBER PORTING REQUEST FORM

This request form authorizes Alphaconnect (Pty) Ltd to request that the service and current telephone number/s specified below be transferred to Alphaconnect (Pty) Ltd.

Before submitting a port, please ensure that you:

Complete the below NUMBER PORTING REQUEST FORM.

Attach an invoice from the Current Service Provider, reflecting the number(s) you wish to port.

Attach an ID copy or Passport copy of the Authorized person.

Confirm that the account has been paid in full of the current provider.

No ports will be approved with an arrear balance on the account and if the account has been suspended.

Please replace the examples below marked in grey with the valid information.

Porting Date: _____

Company Name: _____

Company Registration Number: _____

Name of Authorized Contact person requesting porting (if the subscriber is a company):

Designation of Authorized Contact: _____

Contact number of Authorized Contact: _____

South African Identity / Passport number: _____

(Please attach a copy of the ID/Passport)

Name of Current service provider that you are porting from:

Account Number at Current service provider (Very Important):

Geographic numbers to be ported

Non-Geographic numbers to be ported

Please ensure that none of the above-mentioned numbers are linked to any video conferencing, ADSL, Fax services, nor are they the target number for any 0800 or 086 service.

Declaration

ALPHACONNECT (PTY) LTD is hereby authorized to request that my present service provider port the above numbers to ALPHACONNECT (PTY) LTD. I am duly authorized to make this request and to the best of my knowledge, the above information is correct.

I acknowledge that the subscriber shall remain liable in terms of any contract with the present service provider for so long as it remains in force.

Credits and discounts afforded to the subscriber by the present service provider are not transferable to ALPHACONNECT (PTY) LTD.

I have been advised of the porting costs and the subscriber agrees to be liable for such costs.

I have been advised that any services associated with the numbers, listed above, will be lost if not confirmed to retain the services on the document.

Name: _____ Date: _____

Signature: _____