Dear Customer,
Kindly note that the below LOA in English is a GUIDE ONLY. Due to local regulatory constraints, the accepted LOA language on the Voxbone end is Bulgarian only.
We thank you in advance for your cooperation.
Your Voxbone Porting Team

APPLICATION FOR NUMBER PORTABILITY TO "VOXBONE SA" NETWORK

IROUAN 0 0 0 0 0 0 0 0 0 0 0

CLIENT DETAILS

Company
Legal representative
first name middle name surname
Bulstat/UIC: Identifaction/VAT number:
company case No from of district court
Address, as per court registration:
Str. / Bl. / Sq. No:
Area flat entrance floor ap. Post Box
City Province / Region ZIP Code

CLIENT REPRESENTATIVE DETAILS

Name, as per identification document:
first name middle name surname
EGN* ID No. Issued on: By:
* Unique Citizenship Number
Legal representative: Proxy notarized power of attorney No of notary No

THE NUMBER, OBJECT OF TRASNFER

I want the following numbers to be transferred from the network to the network Voxbone SA:

1	3 5 9	11	21
2	3 5 9	12	22
3		13	23
4		14	24
5		15	25
6		16	26
7		17	27
8		18	28
9		19	29
10		20	30

CONDITIONS

By submitting this application on behalf of the represented by me, I state and declare that:
1. The submitted details are true;
2. I terminate my contractual relations with the losing provider in terms of the numbers specified in this application for portability from the date of the transfer of the numbers to Voxbone SA Network, I want and am in agreement with the termination;
3. I will fulfill all of the obligations arising from the contract in the preceding paragraph, including, but not limited to the obligations in relation to nonfulfillment of the same contract and I will pay any unpaid amounts to the giving provider within the pre-appointed time frame;
4. I agree that, in case of termination of the portability procedure prior to its completion, the declaration of will to terminate the contract with the giving provider and the authorization of Voxbone SA, made below, be deemed withdrawn;
5. I agree to have my personal data provided by and to the giving provider to and from Voxbone SA, for the purposes of carrying out the portability procedure;
6. I am aware of the following:
• the obligation to pay a one-time user fee for each of the specified mobile numbers, in accordance to the active tariff of Voxbone SA;
• the prices, conditions and the term under which the portability of the mobile numbers is carried out;
• the possible reasons for delay of the transfer and its implementation after the stipulated end date, as well as for the appointed new date of transfer;
• the possibility to keep or change the type of account – subscription or prepaid services, in accordance with the commercial policy of Voxbone SA;
• the possible loss of the additional services used by me, after the transfer of the number/s;
• the possibility of reconfiguring the ported number/s upon payment of the respective price;
• the fact that the transfer of the number under prepaid access may be related to non-use of the whole prepaid credit;
• the grounds for refusal of portability of the number/s, both by the party of Voxbone SA and the party of the giving provider;
• the expected duration of the portability window and the inability to access the network during this period;
• the possibility of lowered quality of the electronic messaging service in the day of the transfer

By signing this application, I hereby authorize VOXBONE SA , to carry out all legal and factual action in order to terminate the relations of the person, represented by me, with the giving provider related to the use of the numbers, specified in the present application, as well as the services provided through their use, but not only; to carry out the necessary declarations of will for terminating these relations in the provided form and to transmit to the giving provider the termination request mad in paragraph 2 of the previous field.

I want the transferred numbers to be corrected in the following manner by the giving provider and respectively at Voxbone SA

CONSENT

Signature of the client representative:

Name as per identification documents:
first name middle name surname

Phone Number: Signature, stamp:

Details and signature of the Voxbone SA representative

Employee name
first name middle name surname

Date & Time h. d d / m m / y y y y Location Signature, stamp:

GUIDE ONLY