# Appendix A – Customer Instruction Form

 **Customer Instruction form**

To: (Donor operator) From: (Customer name/address)

*(as shown on most recent telecommunications bill from donor)*

Recipient Operators Name: Colt Account No.:

*(as shown on most recent telecommunications bill from donor)*

Re: Telephone Number/s:

(Insert all numbers here - attach additional sheets if required)

By signature of this form, I authorise you to close my account in respect of the above telephone number/s in conjunction with the successful porting of those numbers to another operator.

I understand that this form will be relayed to you by use of electronic or other means.

I confirm that I have the authority to make this instruction.

The information contained in this form may not be used for any purpose other than that for which it is intended.

Signed: . Date: .

Print Name: Position in Company (if applicable):

Contact Number: