Toll-Free Responsible Organization Letter of Authorization

As the end-user subscriber or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize Plivo Inc. (LLP01) to be the Responsible Organization ("Resp Org") for the following Toll Free service numbers, including action on my behalf and at my direction, to transfer the Resp Org functions.

|  |  |
| --- | --- |
| **Customer /Company information** | **Address information** |
| **Company Name** | <Organisation name that is associated with the number. This can be found in the address portion of the bill from your current provider> | **Street Number** | <Address information as registered in the billing information with the current provider> |
| **Person Authorized to make Request (must match the name on the invoice)** | <Name of the person as mentioned in the bill from the current service provider> | **Street Name** | <Address information as registered in the billing information with the current provider> |
| **Telephone Number** | <Same as billing telephone number. Please refer the comments in billing telephone number> | **Address 2** | <Address information as registered in the billing information with the current provider> |
| **Email Address of the** **Authorized Person** |  | **PO Box** | <Address information as registered in the billing information with the current provider> |
|  |  | **City** | <Address information as registered in the billing information with the current provider> |
| **Current Provider** | <Name of your current provider> | **State** | <Address information as registered in the billing information with the current provider> |
| **Billing Telephone Number** | <If you're transferring from an account that has only one line, enter the number that you're transferring. If you're transferring from an account that has multiple lines, contact service provider to find out which number is your billing telephone number> | **Zip code** | <Address information as registered in the billing information with the current provider> |
| **Process Request No** **Sooner than** | ASAP | **Country** | <Address information as registered in the billing information with the current provider> |

Toll-Free Numbers to be Ported

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <1800 \*\*\* \*\*95> | <1800 \*\*\* \*\*55> | <1800 \*\*\* \*\*54> | <1800 \*\*\* \*\*34> | <1800 \*\*\* \*\*38> |
| Name of the Authorized to Make Request: |  |
| Signature of the Authorized person: |  |
| Date: |  |

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| **Customer /Company information** | **Address information** |
| **Company Name** |  | **Street Number** |  |
| **Person Authorized to make Request (must match the name on the invoice)** |  | **Street Name** |  |
| **Telephone Number** |  | **Address 2** |  |
| **Email Address of the** **Authorized Person** |  | **PO Box** |  |
|  |  | **City** |  |
| **Current Provider** |  | **State** |  |
| **Billing Telephone Number** |  | **Zip code** |  |
| **Process Request No** **Sooner than** | ASAP | **Country** |  |

Toll-Free Numbers to be Ported

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of the Authorized to Make Request: |  |
| Signature of the Authorized person: |  |
| Date: |  |