



Customer Authorisation Form

(1800/1850/1890/0818)

Please sign this form and return it to Blueface by email at porting@blueface.ie

THIS PDF IS ELECTRONICALLY EDITABLE

From: (customer name as shown on bill):

Recipient Operators Name (recipient operator's name):

Account Number: (as shown on bill):

Re: Telephone Numbers: (insert all numbers here - attach additional sheets if required):

By signature of this form, I authorise Blueface to close my account in respect of the above telephone numbers in conjunction with the successful porting of those numbers to Blueface.

I understand that this form will be relayed to Blueface via email.

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.

Name _____ **Contact Number** _____

Signed _____ **Date** _____



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