

application form

Fixed Number Porting



☐ Home Services

First Name*: Last Name*:

Date of Birth (DD/MM/YYYY): Nationality:

ID Type: ☐ Passport or ☐ Emirates ID or ☐ GCC ID Mobile Contact No:

ID Number*:

☐ Business

Company Name*:

Company Address Details:

*☐ Trade License or *☐ Establishment Card

ID Number*:

*Company ID document, Authorized signatory ID document and Power of Attorney must be attached

Account authorized signatory details* (Home Services/Business)

First Name*:

Last Name*:

Mobile Contact No:

ID Type: ☐ Passport or ☐ Emirates ID

ID Number*:

I hereby request to port the following number(s)

From the Donor Operator EITC to Recipient Operator Etisalat

☐ Port In ☐ Port Back

Fixed Line Number:

In case the Fixed line is part of a Bundled service, then entire Bundle along with all its constituent services and any additional services attached to it whether its voice or non voice will be ceased.

OR

I hereby request to port the following range of numbers (applicable only for business services)

First number in range

Last number in range

☐ All additional numbers are in attached Schedule 1.

*Mandatory Fields

Terms and Conditions

Fixed Number Porting

Subject to the successful validation of the porting request by the Donor Operator, the Recipient Operator will use its reasonable endeavors to port the requested number(s) as soon as possible within the defined SLA (between Donor, Recipient, and TRA) from the time, when the Recipient Operator sends the porting request to the Donor Operator.

I agree to cease the entire bundle along with all its constituent services provided from the Donor Operator under the ported number(s) and undertake to pay and settle in full all such outstanding charges and debts due to the Donor Operator promptly, and in accordance with the Terms and Conditions in my contract with the Donor Operator.

I authorize the Recipient Operator to request cancellation of all the Services provided under the ported number from the Donor Operator on my behalf.

In such circumstances, where the Donor Operator suspends/ceases the constituent services being provided under the ported number, I will not hold the Donor Operator liable for such suspension/cessation or any resulting effects of such action by the Donor Operator.

I am the authorized person to request the porting of the number(s) listed in this form and agree to initiate the porting of the mentioned number(s);

Date :

If you are an individual:

I hereby confirm and certify the full authority and capacity to request for porting the number(s) stated and listed in this application form and information provided herein are true and correct.

OR

If you are a Company:

I,

(Name of Authorized Signatory) the authorized representative on behalf of the Company confirm and certify the full authority and capacity to request for porting the number(s) stated and listed in this application form and information provided herein are true and correct via the Power of Attorney (as attached) and accept all the terms and conditions stipulated in this porting request form.

I, by signing this application form, acknowledge that I have read and agree all the Terms and Conditions (T&Cs) contained in this application form:

Customer signature* (with mandatory stamp for business services)

