

Non-Geographic Number Portability - PAP Reservation Form

PA

To Comm Provider:

From Comm Provider:

Contact :

Tel :

E-mail :

Fax :

Contact :

Tel :

E-mail :

Fax :

Signed :

Date :

CUSTOMER DETAILS :

Company Name :

Address :

NUMBERS TO BE RESERVED :	CONTIGUOUS BLOCK :	AND	OR	RENEWAL

Please tick as applicable

REPLY SECTION :

REQUESTED NUMBER :	RESERVATION EXPIRY DATE :	DATE LAST USED :	UNSUCCESSFUL REASON CODE :
1			
2			
3			
4			

Received Date :

Processed By :

Serial Number :