|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Non-Geographic Number Portability - PAP Reservation Form** | | | | | | | | | | | | | | | | **PA** |  |
|  |  | | | | | | | | | | | | | | | |  |  |
|  | **To Comm Provider:** | | | | |  | |  | **From Comm Provider:** | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | |
|  | Contact : | |  | | | | | Contact : | | |  | | | | | | |  |
|  | **Tel :** | |  | | | | | **Tel :** | | |  | | | | | | |  |
|  | **E-mail :** | |  | | | | | **E-mail :** | | |  | | | | | | |  |
|  | **Fax :** | |  | | | | | **Fax :** | | |  | | | | | | |  |
|  |  | | | |  | | | **Signed :** | | |  | | | | | | |  |
|  |  | | | |  | | | **Date :** | | |  | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Customer Details : | | | | | | | | | | | | | | | | |  |
|  | Company Name : | | |  | | | | | | | | | | | | | |  |
|  | Address : | | |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Numbers to be reserved : | | | | | Contiguous Block : | | | | | | | And | | Or | Renewal | |  |
|  |  | | | | | | | | | | | | *Please tick as applicable* | | | | |  |
|  | 1 | Number (or start range) : | | | | | End Range : | | | | | | ❑ | | ❑ | ❑ | |  |
|  | 2 | Number (or start range) : | | | | | End Range : | | | | | | ❑ | | ❑ | ❑ | |  |
|  | 3 | Number (or start range) : | | | | | End Range : | | | | | | ❑ | | ❑ | ❑ | |  |
|  | 4 | Number (or start range) : | | | | | End Range : | | | | | | ❑ | | ❑ | ❑ | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Reply Section : | | | | | | | | | | | | | | | | |  |
|  | Requested Number : | | | | | Reservation Expiry Date : | | | | Date Last Used : | | | Unsuccessful Reason Code : | | | | |  |
|  | 1 |  | | | |  | | | |  | | |  | | | | |  |
|  | 2 |  | | | |  | | | |  | | |  | | | | |  |
|  | 3 |  | | | |  | | | |  | | |  | | | | |  |
|  | 4 |  | | | |  | | | |  | | |  | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | **Received Date :** | | | | | **Processed By :** | | | | | | **Serial Number :** | | | | | |  |