

Application for Geographic/Non-Geographic Porting to Liquid Intelligent Technologies

Company details

Company Name _____

Company Registration Number _____

Company Contact Number _____

Email Address _____

Company Business Address _____

Suburb _____

Town/City _____ Postal Code _____

Company Contact Person Name _____

Porting Requirements

Number Range		Block size	Donor network name	Donor Account Number	Site Address	Address will change with Porting?
Range Start	Range End					
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Port on our Existing Voice Service ID?	027ISAN361013936376
Would you like to retain the Liquid Intelligent Technologies number range after porting YES/NO	Not Applicable
Is the service a TEAMS/OMNI SERVICE? YES/NO/Not Applicable	Not Applicable
Channel Partner Details (email address)	

Preferred Date for porting? _____

By signing this form, you acknowledge that the information is true and correct and that you authorise Liquid Intelligent Technologies to port the indicated Geographic and Non-Geographic number(s), subject to the approval of the donor network/service provider and the acceptance thereof by Liquid Intelligent Technologies

Customer Signature _____

Date _____