

TeleSEQ - LOCAL NUMBER PORTING AUTHORITY FORM

RESELLER NAME: TeleSEQ
 Subsidiary of FXBCSC P/L

THIRD PARTY SERVICES

STEP 1

Do you have any third party services on these numbers (please tick)

Internet EBD/Redirection EFTPOS Line Hunt Group Security Line Other _____

IF YOU HAVE TICKED ANY OF THE ABOVE, THIS MAY BE TREATED AS A COMPLEX PORT WHICH WILL IMPACT THE DELIVERY DATE, WE WILL ADVISE YOU OF THIS

END USER DETAILS

STEP 2

(As they appear on the End User's existing PSTN/Local number telephone account)

Customer Organisation Name -			ABN/CAN -
Title -	First Name -	Last Name -	Position -
Ph/Mob No. -		Email -	
Billing Name <i>(same as on loosing provider phone bill)</i> -			
Site Address -			
Suburb/Town -		State -	Postcode -

THE SERVICES FOR PORTING

STEP 3

Please write the Telephone number(s) you want to port

PSTN/ISDN/Local Number or Range	
Who is the current Supplier? (i.e the Supplier's name on the current Retail Invoice)	
The Account Number on the current Retail Invoice	

1. It is your responsibility to establish whether there are complex services (internet, line hunt, fax stream, fax duet, ISDN etc) on the phone number to be ported, porting fees are charged per porting attempt and are not -refundable even if the order is rejected.
2. This Porting Authorisation Form (PAF) must be fully completed by the authorised representative and is valid for 90 days.
3. We reserve the right to charge a fee for porting the telephone number to or from us.
4. We are not liable for any outstanding financial issues with the Current Provider.
5. We provide no guarantee that we can port your telephone number from your current Service Provider. Your current Service Provider may reject this port request if the information you provide is incorrect or does not match the data held by them. A porting request may also be rejected for other reasons as stated in the Local Number Portability Code (C540), which is available on the Australian Communications and Media Authority website.
6. We provide no guarantee that the telephone number will be ported within any specified timeframe.
7. You must not deactivate your existing service when porting. Telephone numbers can only be ported while active.
8. You can only withdraw your authority to port this telephone number before the Electronic Cutover Advice is sent to your current Service Provider, which will be on or after the cutover date (we will advise you of this date).
9. Only your telephone number will be ported. This may result in the loss of any value added services (such as broadband) that are associated with the service provided by your existing Service Provider. It is your responsibility to check with your current Service Provider to determine the effect of a port on any other services.
10. In the event of a port, withdrawal or reversal, we are not responsible for any period of outage of the service or features of your current service or any value added service provided by your current Supplier.
11. If you wish to port your telephone number from us to another Service Provider, then you must contact the other Provider.

I acknowledge that I am authorised to request the porting of the telephone number(s) listed on this form.

I acknowledge that I have been advised that:

By porting the telephone number(s) listed on this form, any services (including DSL) associated with that telephone number will be disconnected and may result in finalisation of the account for that service.

There may be costs and obligations with the port which may include early termination fees and porting fees.

I indemnify TeleSEQ against any loss or damage it may suffer as a result of any information included in this form being incorrect.

TeleSEQ may complete this port as either a Simple or Complex Port, as required under Industry Codes and practices.

I authorise TeleSEQ to make enquiries and or changes to this form in order to expedite the process of porting numbers on behalf of end customer.

I authorise for the telephone number(s) listed above to be ported to us.

I have read and understood the Terms and Conditions on this form and hereby accept them.

Name

Signature

Date