|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |  |  |
|  | **Non-Geographic Number Portability Establishment Request Form** | | | | | | | **PE** |  |
|  | *(See guidance notes in the Non-Geographic Number Portability End-to-End Process Manual)* | | | | | | |  |  |
|  | Sender’s Reference: |  | Senders CUPID | | | |  | |  |
|  | From Communications Provider Name: |  | To Communications Provider Name: | | | |  | |  |
|  | Service Establishment Contact Name: |  | | | | | | |  |
|  | E-mail Address: |  | | | | | | |  |
|  | Address: |  | | | | | | |  |
|  | Telephone Number: |  | Facsimile Number: | | | |  | |  |
|  | Order Handling Contact Name: |  | | | |  | | |  |
|  | E-mail Address: |  | | | | | | |  |
|  | Address: |  | | | | | | |  |
|  | Telephone Number: |  | Facsimile Number: | | | |  | |  |
|  | Fault Repair Contact Name: |  | | | |  | | |  |
|  | E-mail Address: |  | | | | | | |  |
|  | Address: |  | | | | | | |  |
|  | Telephone Number: |  | | Facsimile Number: | | |  | |  |
|  | Escalation Contact Name: |  | | | |  | | |  |
|  | E-mail Address: |  | | | | | | |  |
|  | Address: |  | | | | | | |  |
|  | Telephone Number: |  | | Facsimile Number: | | |  | |  |
|  | **Emergency Restoration Telephone Number:** | | |  | | | | |  |
|  | **Emergency Restoration Facsimile Number:** | | |  | | | | |  |
|  | I wish to establish service that allows import and export of my numbers | | | |  | | | |  |
|  | I wish to establish service that allows only for export of my numbers | | | |  | | | |  |
|  | I wish to export my numbers via transit Communications Provider (name of preferred transit Communications Provider): | | | |  | | | |  |
|  | Signature: | | |  | | | | |  |
|  | Name: | | |  | | | | |  |
|  | Date: | | |  | | | | |  |
|  | *Please complete this form using electronic entry.* | | | | | | | |  |