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|  | **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.* |  |