**CUSTOMER DETAILS** (complete as they appear on your existing 13/1300 & 1800 telephone account)

# Porting Authority Form (PAF)

**1800 Toll-free, 13/1300 Local-rate**

|  |  |
| --- | --- |
| company name | abn or acn |
|  |  |  |  |  |  |  |  |  |  |  |  |
| owner / proprietor | primary contact | position |
|  |  |  |
| unit number | street number | street name |
|  |  |  |
| suburb | state | postcode | customer number\* |
|  |  |  |  |
| contact phone (business hours) | after hours contact number | fax |
|  |  |  |
| mobile | email |
|  |  |

1. **SERVICE INFORMATION** state service numbers to port to Vocus (attach additional page if more space is required)

|  |  |  |
| --- | --- | --- |
| 13/1300/1800 service number |  | current service account number |
| 1800183133 |  |  |
|  |  |  |
|  |  |  |

1. **CURRENT PROVIDER DETAILS**

|  |  |
| --- | --- |
| current carrier or service provider | date of agreement with current provider |
| OPTUS |  |

|  |  |  |
| --- | --- | --- |
|  | INBOUND CALLS TO BE FOWARDED TO THE FOLLOWING GEOGRAPHIC NUMBER |  |
|  |  |
|  |
| date the service is to be activated?  |  | access required for mobile phone callers? | Y |  |
|  |
| level of coverage required for this service? | y | australia wide |  | state wide (specify below) |
|  |
|  | act |  | nsw |  | nt |  | qld |  | sa |  | tas |  | vic |  | wa |  |

1. **AUTHORISE PORT REQUEST**

i authorise Vocus communications to act on my behalf to sign and complete an Vocus porting authority form (paf) and associated forms for the purposes of porting the 13/1300/1800 service numbers set out in point 2 (above). i confirm that all telephone numbers nominated in point 2 are to be ported unless otherwise specified. i also authorise an Vocus nominated representative to complete and sign a new paf for the purpose of carrying out the port to Vocus in circumstances where: *(please tick)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y | this paf expires | Y | additional details are to be added | Y | editing/deleting details as required |

|  |  |
| --- | --- |
| print name | position name |
| signature | date |