**ITFS/UIFN Service Provider Change**

 **Authorization and Designation of Agency**

The undersigned

……………….……………………………..(end customer/ reseller), who registered office is located in ………….…………………with registered number………………….……., legally represented by ………….……………..as ………….…………………….…..of the Company.

Hereby empowers

BICS SA/NV headquartered Avenue Albert II,27. 1030 Brussels, Belgium, VAT ID BE 0866 977 981

To deal with the ITFS/UIFN from my current International Freephone Number Service Provider ………………………………….….

I select BICS to host the international Freephone numbers below, which were allocated to me.

I authorize the new service provider to:

• request and receive routing information from .......................................................... (name of current service provider) about the international Freephone numbers below allocated to me;

• arrange for calls to my international Freephone numbers detailed below to be readdressed to the network of the new service provider;

• request cancellation of existing international Freephone services provided by my current service

provider.

I give this consent (Please tick as appropriate.): € for myself.

 on behalf of a corporate customer. I confirm I have the appropriate power to give these

authorizations.

Customer Name: ............................................................................................................................

Customer Address: .........................................................................................................................

The following international Freephone (00800) numbers are to have call readdressing applied so calls are sent to the network of my new service provider:

|  |  |
| --- | --- |
| **Originating Country + ITFS/ UIFN number** | **Current service provider** |
|  |  |
|  |  |
|  |  |
|  |  |

I/[or customer's name] agree to continue fulfilling my responsibilities with any service provider who has a contract with me for number(s) covered by this form.

Signature: .............................................................. Date: ..............................................................

Name: ........................................................................................................................................

Title: ........................................................................................................................................

(if appropriate)