



Plivo, Inc.
 340 Pine St, San Francisco,
 California-94104.

Toll-Free Responsible Organization Letter of Authorization

As the end-user subscriber or the authorized representative of an end-user subscriber, of certain Toll Free service numbers (the "Customer"), I hereby authorize Plivo Inc. (LLP01) to be the Responsible Organization ("Resp Org") for the following Toll Free service numbers, including action on my behalf and at my direction, to transfer the Resp Org functions.

Customer / Company Information		Address Information	
Company Name	<small>Organisation name that is associated with the number. This can be found in the address portion of the bill from your current provider</small>	Street Number	<small>Address information as registered in the billing information with the current provider</small>
Person Authorized to Make Request (must match the name on your invoice)	<small>Name of the person as mentioned in the bill from the current service provider</small>	Street Name	<small>Address information as registered in the billing information with the current provider</small>
Telephone Number	<small>Same as billing telephone number. Please refer the comments in billing telephone number</small>	Address 2	
E-Mail Address of Authorized Person		PO Box	<small>Address information as registered in the billing information with the current provider</small>
		City	<small>Address information as registered in the billing information with the current provider</small>
Current Provider	<small>Name of your current provider</small>	State	
Billing Telephone Number	<small>If you're transferring from an account that has only one line, enter the number that you're transferring. If you're transferring from an account that has multiple lines, contact service provider to find out which number is your billing telephone number.</small>	Zip Code	<small>Address information as registered in the billing information with the current provider</small>
Process Request No Sooner Than	ASAP	Country	<small>Address information as registered in the billing information with the current provider</small>

Toll-Free Numbers to be Ported

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Name of Person Authorized to Make Request

Signature of Person Authorized to Make Request

Date : _____



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Customer / Company Information		Address Information	
Company Name		Street Number	
Person Authorized to Make Request (must match the name on your invoice)		Street Name	
Telephone Number		Address 2	
E-Mail Address of Authorized Person		PO Box	
		City	
Current Provider		State	
Billing Telephone Number		Zip Code	
Process Request No Sooner Than	ASAP	Country	

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