



8171 Yonge St., Suite 311, Thornhill, ON L3T 2C6
Toronto: 416-548-7592 Vancouver: 778-819-8202

NUMBER TRANSFER INSTRUCTIONS

Once the transfer process has been completed, CaspianWave will become your RespOrg (or "Responsible Organization"), yet you will retain ownership of your number and will be able to transfer it to another carrier should you decide to do so in the future. Signing the Number Transfer Form means you have read the instructions below, and understand the time it takes to complete a transfer.

Please allow **7-21 business days** for the transfer process to be completed!

This period of time includes the time it takes for the request to be received by your carrier, released, and routed in the CaspianWave system. You may inquire about the status of your transfer by contacting CaspianWave Customer Support at 416-548-7592.

- 1. Indicate the account to which number(s) should be transferred.** If there is no account listed, your number will not be transferred. If you do not know what your account number is, contact CaspianWave Support.
- 2. List the number(s) to be transferred in appropriate field.** Please list only numbers (local and toll-free numbers). You may list up to three numbers from one carrier on the form for \$55 per each number.
 - You may transfer more than three; however, you will be charged \$165 per set of three. For each set of three numbers, complete a new form.
 - Complete a *new* form for each number with a *different* carrier.
- 3. Under 'Customer Information', list your information exactly as it appears on file with your provider.** This portion of the form must be completed with your company/organization/personal information as it appears on your bill copy. Your former provider will compare it to the information on file for your number(s). Listing the correct information serves as proof that you are the end user of the phone number(s) in question, and are authorized to transfer the number(s).
- 4. Fax your latest phone bill from your former provider**
The bill should be at least for the last 30 days and include all pages of your bill: name on account, address on file with your former provider, and the printed phone number(s) you wish to be transferred (Do not hand write the number(s) on the form).
- 5. Sign and date all documents, acknowledging the 7-21 business day time frame for ALL transfers.**
All transfer paperwork (including the bill copy) *must be dated within the last 30 days.* Your signature indicates you understand the time frame necessary to complete a transfer.

IMPORTANT: During the 7-21 business days it takes for the transfer to be completed, your account is functional, and we strongly recommend that customers establish settings/greetings on the system using the number originally assigned (your account number). Once your number is transferred, your settings and greetings will be changed.

PLEASE NOTE THAT IF YOU PROVIDE US WITH FALSE INFORMATION THAT WILL CAUSE YOUR DOCUMENTATION TO GET REJECTED BY YOUR INITIAL SERVICE PROVIDER, YOU WILL BE CHARGED FOR EACH TIME YOU RESUBMIT NEW INFORMATION. PLEASE DO NOT CANCEL YOUR PHONE SERVICE WITH YOUR CURRENT PROVIDER, SINCE WE WILL TAKE CARE OF EVERYTHING FOR YOU. WE ENCOURAGE YOU TO MAKE SURE IF THERE ARE ANY CANCELLATION FEES INVOLVED IN ENDING YOUR AGREEMENT EARLY WITH YOUR CURRENT PROVIDER SINCE CASPIANWAVE WILL NOT BE RESPONSIBLE FOR ANY PENALTIES THAT MAY APPLY.

NOTE: IF YOU DECIDE TO CANCEL YOUR SERVICE WITH CaspianWave DURING THE FIRST 30 DAYS OF YOUR PAYMENT, YOUR MONEY WILL BE FULLY REFUNDED TO YOU, HOWEVER, YOU WOULD NOT BE ABLE TO KEEP YOUR CURRENT PHONE NUMBER OR PORT IT OUT TO ANOTHER SERVICE PROVIDER. HOWEVER, IF YOU WANT TO KEEP YOUR NUMBER OR PORT OUT YOUR CURRENT NUMBER DURING THE FIRST 30 DAYS OF YOUR PURCHASE, YOU WON'T BE ELIGIBLE FOR THE MONEY BACK GUARANTEE AND YOU WILL BE CHARGED FOR ONE YEAR PAYMENT OF SERVICE PENALTY AND APPLICABLE FEES.

FAX Please fill in the fields below with your CaspianWave account information, and then fax ALL documents to **416-548-7599** or **778-819-8203**. *If you do not list the account for which you would like your number to be transferred, this process- will **not** be initiated.*

Name (on account):

CaspianWave Account Number:

Contact Number (Cellphone):

E-mail Address:



Number Transfer Form

Letter of Authorization

The undersigned Phone Number customer does hereby appoint CaspianWave Communications to act as its authorized agent for all matters pertaining to the phone number(s) listed below and certifies that it has a sole and indisputable right to use these same phone number(s). This agency includes, without limitation, the ordering or rearrangement of service, assignment of primary carrier service requests, disconnection of service and other requests as deemed necessary by CaspianWave Communications to implement the phone services order from CaspianWave Communications under the Terms of Agreement and associated addendums. This authorization will expire upon written notice only. IF YOU DECIDE TO CANCEL YOUR SERVICE WITH CaspianWave DURING THE FIRST 30 DAYS OF YOUR PAYMENT, YOUR MONEY WILL BE FULLY REFUNDED TO YOU, HOWEVER, YOU WOULD NOT BE ABLE TO KEEP YOUR CURRENT PHONE NUMBER OR PORT IT OUT TO ANOTHER SERVICE PROVIDER. HOWEVER, IF YOU WANT TO KEEP YOUR NUMBER OR PORT OUT YOUR CURRENT NUMBER DURING THE FIRST 30 DAYS OF YOUR PURCHASE, YOU WON'T BE ELIGIBLE FOR THE MONEY BACK GUARANTEE AND YOU WILL BE CHARGED FOR ONE YEAR PAYMENT OF SERVICE PENALTY AND APPLICABLE FEES.

Phone Numbers to Be Transferred

1:

2:

3:

Customer Information *(must match information on file with existing telephone carrier)*

After filling in the name of your provider, the form must reflect your company/organization's information.

Current Service Provider:

Your Company Name (for business LNP only):

Your Name (name under the account):

Your Address (address under the account):

City:

Province:

Postal Code:

Signature of Authorized Contact

I have read and understood all the terms of agreement, and by signing this paper voluntarily I am agreeing to abide by CaspianWave's terms. I accept the Terms of Service Agreement in the Terms of Service page at <http://www.caspianwave.com/ca/CaspianWave-Terms-of-Service.htm>.

Signature:

Date:

Print Name:

Instructions

Please FAX this form to: **416-548-7599** or **778-819-8203**

IMPORTANT: Include a cover page for your existing telephone account bill which displays the telephone number(s) and customer information as it appears above.

Failure to complete ALL information on this form may cause delays in your transfer.

For Internal Use

Prepared:

RespOrg ID:

By:

Tracking Number: