

Signature

LETTER OF AUTHORIZATION FOR NUMBER PORTABILITY <u>SPAIN</u>

| This LoA authorizes Telnyx Ireland Limited to act on behalf of | | | |
|--|--|--|---|
| Customer's Billing Name | | | |
| Customer's Billing Address | | | |
| Local Service Address (if different from above) | | | |
| To act as our agent in the matter of Number Portability | | | |
| Number(s) to port | | | , |
| | | | |
| | | | |
| Current Voice Carrier: | | | |
| CIF / NIF: | | | |
| Service Access Type: | | | |
| Individual Analog | | | |
| Complete Multiple | | | |
| | | | |
| | | | |
| | | | |
| Name and Surname (in capital letters) | | | |
| Title/Position | | | |
| Date | | | |