Date :

To : IDA (Spectrum and Numbering Management) From :

Fax: (65) 6659 2502 Tel No :

TRANSFER OF 1800 NUMBERS (S)

We received an application from an existing '1800' customer to transfer their service(s) to another customer as follows :-

Existing 1800 number(s)	
Existing Customer Name	
New Customer Name	
Business Registration No	
Proposed Date of Take-over	
Contact Person's Name	
Contact Person's Tel No	

This application is submitted for your consideration and approval **(copy of relevant documentation is attached).**

Thank you.

Addressee
Service Provider
Fax :

We have considered your request and the application is Approved/Not Approved*

_____ _____

(Signature and Name of IDA Officer) Date

*Delete as appropriate