modulus CONFIDENTIAL

APPLICATION FOR TRANSFER OF NUMBERING RESOURCES

To **PRIVATE INDIVIDUALS** and **PROFESSIONALS**

Application Reference No.: _____ - _____

1. Transferring Subscriber Details

To be completed by the modulus subscriber or, in the case of a legal entity, by its legal representative

○ Private Individual ○ Sole Proprietor (Independent Contractor / Business Owner) ○ Legal Representative of a Legal Entity

Surname:	Father's Name:
Name:	National ID / Passport No.:
Profession/Trade Name:	TIN: _____ Tax Office:

2. Transferring Legal Entity Details

To be completed only if the transferring party is a legal entity (companies, organizations, associations, cooperatives).

○ Partnership (GP, LP) ○ PC ○ LLC ○ SA ○ Other

Trade Name:	TIN: _____ Tax Office:
Company Name:	

3. Details of the Numbering Resources Recipient

To be completed by the Recipient of the Numbering Resources to be transferred

○ Private Individual ○ Sole Proprietor (Independent Contractor / Business Owner)

Company Name:	Father's Name:
Name:	National ID / Passport No.:
Profession/Trade Name:	TIN: _____ Tax Office:

4. Numbering Resources to be Transferred

For groups of 10 or 100 consecutive numbers, please indicate the variable digits in the group by marking an X.

1 _____	3 _____	5 _____
2 _____	4 _____	6 _____

Solemn Declaration by the Parties Involved and Acceptance of the Terms of Transfer of Resources

1. I, the Transferor, hereby declare that I request and apply for the transfer of the numbering resources listed in Section 4 of this document, for which I have been granted a secondary right of use by modulus SA or another provider, and which I have transferred to the **modulus S.A.** network through the portability process, to the person whose details are provided in Section 3 (Details of the Numbering Resources Recipient) of this document. I hereby waive any rights to these numbering resources and accept the termination of any electronic communications services associated with them. I authorize **modulus S.A.** to take any necessary actions to complete the transfer and to make any required notifications to third parties. Furthermore, I waive any claim for compensation or refund arising from the termination of services associated with the transferred numbering resources, including services that were fully paid for but not yet provided. Finally, I declare that the information provided in this form is complete, true, and accurate, and that I am submitting a genuine, unaltered copy of a valid identity document (police ID or passport).
2. I, the Recipient, hereby declare that I request and apply for the transfer of the numbering resources listed in Section 4 of this document to myself or to the legal entity that I am authorized to represent. I hereby submit the Application–Agreement for Activation of VoIP Services form, which specifies all the services I wish to receive from **modulus S.A.**, my privacy preferences, and my acceptance of the General Terms and Conditions, which form an integral part of this document, along with all accompanying supporting documents specified therein. I acknowledge that, without these documents, this declaration shall have no validity. Finally, I declare that the information provided in this form is complete, true, and accurate.
3. 1.The two parties (Transferor and Recipient) mutually agree to the following terms and conditions: a) The processing of this request is subject to approval by **modulus S.A.** in accordance with the provisions of the General Terms and Conditions for the Provision of Electronic Communications Services. The outcome of the approval process shall be communicated to both parties by the Company's Customer Service Department. b) During the period between the submission of this request and its formal and technical implementation, as well as in the event that the conditions for fulfilling the request are not met (including, but not limited to, the immediate payment of any outstanding debts to the Company), the connections shall remain the property of the Transferor. The Transferor shall continue to be billed for services already received that are related to these numbering resources in the usual manner and shall remain fully liable for the payment of such charges and for any other obligations arising under the contract set out in the General Terms and Conditions of Service.

Date: D D / M M / Y Y Y Y	Date: D D / M M / Y Y Y Y
The Transferring Party or the Legal Representative of the Transferring Party (Signature)	The Recipient (Signature):
Full name written in its entirety:	Full name written in its entirety:

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