



Requirements for Paper Customer Authorisation

Version Control History

Version	Status	Update	Effective Date
1.0		Draft for Industry review	11 th December 2012
V2.0	Final	This document is based on V1.0 Implementation of Standardised Change Control.	16/06/2017

This document follows change control procedure:

Proposed is defined as a document status when the approved document is uploaded to Proposals Section of open eir Website.

Final is defined as a document status when the approved document is uploaded to the relevant section of the open eir Website following the publication period.

For information:

- Historical Document History Table located at end of Document.
- Publish means the action of uploading a document to the website regardless of status or location.
- **If there are changes to the document between 'Proposed' and 'Final', change control operates.**



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1 Introduction

1.1 Overview

The purpose of this document is to outline the generic information required on a Paper Customer Authorisation Form (CAF) for obtaining customer consent to approve a change of service.

The Product Service Schedules govern the rules pertaining to CAFs and determines which format of CAF is allowed for each product.

This document outlines the generic information required for all forms of the CAFs and details the procedures to be followed for use of a CAF.

1.2 Definitions

All relevant terms and abbreviation for Products are defined and explained in the following documents which are published by open eir on its website www.openeir.ie

- The respective Reference Offer
 - Access Reference Offer (ARO)
 - Reference Interconnect Offer (RIO)
 - Wholesale Bitstream Access Reference Offer (WBARO)
- Migrations Product Contract
- The respective Product Descriptions
- The respective Process Manuals

1.3 Adherence to Data Protection Legislation

Service Providers should ensure that they are aware of and in compliance with legal requirements under relevant data protection legislation.

2 Paper CAF

2.1 Paper CAF – Mandatory Information

The eCAF must contain the following information:

- a) Customer Name or Company Name
- b) Customer Address or Company Address
- c) Universal Account Number (UAN) or eir Account Number (EAN) or Service Provider Account Number (SN)
- d) Telephone Number (CLI) and/or Circuit Reference Number (CRN)
- e) Product

The customer's physical signature will act as authorisation and must be captured prior to the submission of the order.

The paper CAF required for each product is attached on this form.



3 Appendix 1 – Example of Generic CAF

3.1 Customer Authorisation Form

Customer / Company Name:

Address:

Access Provider Account Number: Reference CLI:

Please tick next to your chosen option/s

Gaining Operator:

Losing Operator:

Individual Telephone Numbers: (please include your area code e.g. 021)

1.	2.
3.	4.
5.	6.

Number Ranges:

From:	To:
From:	To:
From:	To:

a) **CPS** – I wish to transfer my voices services to: *(Recipient Operator Name)* *(Tick if required)*

CPS Call Options

All Calls

National

International

b) **SB-WLR** – I wish to transfer my telephone line rental, call management services and voice services to: *(Recipient Operator Name)*

Transfer all lines and associated call management services in the above account(s)

OR

Transfer only those lines and/or call management services listed on the attached form

- c) **ULMP** – I wish to transfer my telephone line and voice services to: *(Recipient Operator Name)*
- d) **Line Share** – I wish to order Broadband with: *(Recipient Operator Name)*
- e) **GLUMP** – I wish to transfer my telephone line and number to: *(Recipient Operator Name)*
- f) **Bitstream Plus / Bitstream / Line Share / Virtual Unbundled Access** – I wish to order Broadband with: *(Recipient Operator Name)*
- g) **Standalone Broadband** – I wish to cease the voice services on my telephone line and order Broadband with: *(Recipient Operator Name)*
- h) **GNP** – I wish to transfer my telephone number to *(Recipient Operator Name)* and cease all services.

ULMP / GLUMP

I understand that by signing this form *(Recipient Operator Name)* will provide all future service and features and my account with my current Service Provider will be closed and any existing telephone services and features will be removed. These may differ from those provided by my current Operator.

Interruption of service may occur and if such an interruption occurs they must contact the named Service Provider.

GLUMP

I accept that the process of switching my service to *(Recipient Operator Name)* will result in a transitional change of my telephone number and may result in a short interruption of service.

Bitstream Plus / Bitstream / Line Share / Virtual Unbundled Access

If I have ordered Broadband I am instructing eir to provide Broadband, Virtual Unbundled Access or Line Share Service on the referenced line above. I understand that services provided by *(Recipient Operator Name)* may be different from those services provided by my current Service Provider.

My current Operator will continue to provide standard voice and call management and that the new Bitstream Plus / Bitstream / Line Share / Virtual Unbundled Access Operator will provide all other services.

Standalone Broadband

If I have ordered Broadband I am instructing eir to provide Broadband, Virtual Unbundled Access or Line Share Service on the referenced line above. I understand that services provided by *(Recipient Operator Name)* may be different from those services provided by my current Service Provider.

I understand that my current provider will no longer continue to provide standard voice services on my telephone line.

GNP

I understand that services provided by *(Recipient Operator Name)* may be different from services provided by *(Donor Operator)*. I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by *(Donor Operator)*.

The Service Provider has my authority to disclose such information regarding numbers quoted above together with any other numbers to the new operator as is necessary to allow this port to proceed.



All Products

If I have any queries regarding the progression of my order contact *(Recipient Operator Name)* at *(insert Telephone Number)*.

The information contained in this authorisation may not be used for any other purpose other than that for which it is intended. I consent to the retention and sharing of data above in order for service options I have chosen to be provided to me.

I confirm that I am authorised to act on behalf of the household or company in this matter.

Print Name:

Signature: Date:



4 Appendix 2 – Example of Paper CAFs

4.1 CPS (Carrier Pre-Select)

Carrier Pre-Select

Customer Authorisation Form (CAF) - to be attached to all CPS operator order forms.

Most Operators will be able to pre-print name and address details so that the customer will not have to re write them on this section.

Customer Authorisation Form

Customer / Company Name:	
Address:	
Access Provider Account Number:	Reference CLI:

Please tick next to your chosen option/s

<u>Call Options:</u>	<u>Chosen Carrier:</u>
All Calls <input type="checkbox"/>	CPS Operator Name:
National (where All Calls option is not selected) <input type="checkbox"/>	CPS Operator Name:
International (where All Calls option is not selected) <input type="checkbox"/>	CPS Operator Name:
Phone numbers to which the above option will apply (please include your area code e.g. 021)	
1.	2.
3.	4.
5.	6.
Number Ranges: From: To:	
Exclusions to the range (numbers this order should not be applied to):	
Where CPS facilities are required for additional lines above those referenced above please see attached. The total number of CLI's in this order is	
I authorise eir to activate the above choices on my behalf. The above order will override any previous call options on the call categories selected above. I am authorised to act on behalf of the household or company in this matter.	
Print Name:	
Signature:	Date:



4.2 SB-WLR (Single Billing Wholesale Line Rental)

Customer Authorisation Form

Single Billing Telephone Service
(Service Provider Brand Name – Optional)

Customer / Company Name:

Address:

Account Number (EAN/UAN): CRN (optional):

Telephone Number(s) (including area code)

(Please tick one box)

Transfer all lines and associated call management services in the above account(s)

OR

Transfer only those lines and/or call management services listed on the attached form

I authorise eir to transfer the designated telephone lines and their associated call management services to my chosen Service Provide (or 'name of Service Provide'). I understand that eir will activate a facility so that all calls on these lines will be handled by my chosen service provider (or 'name of Service Provider') and this will override any alternative service provision options already in place. I am authorised to act on behalf of the household or company in this matter.

To ensure the efficient provision of facilities such as directory enquiries and telephone line fault handling, eir retains the customer name, address and telephone service details. This data is also passed to the new Service Provider (or 'name of Service Provider'). I consent to the retention and sharing of such data in order for service to be provided to me.

Print Name: Contact Number:

Signature: Date:



4.3 ULMP (Unbundled Local Metallic Path) and Line Share

Customer Authorisation Form

Customer / Company Name:

.....

Address:

.....

.....

Access Provider Account Number: Reference CLI:

Please tick next to your chosen option/s

Unbundling **(tick if required)**
 I understand that all eir services and features will be removed from the following line(s) and that the Operator named below will provide all services and features on this (these) line(s). Such services and features may differ from those provided by eir.

 Where an ISDN line is being unbundled this means loss of all ISDN service on both the primary and auxiliary lines associated (this includes the removal of all Voice Services on this (these) line(s)).

Phone numbers to which the above option will apply (please include your area code e.g. 021)

1.	2.
3.	4.
5.	6.

Line Share **(tick if required)**
 I understand that eir will continue to provide standard voice and call management services (excluding ISDN) over the following line(s) and that the Operator named below will provide all other services over this (these) line(s). ISDN is not compatible with Line Sharing.

Phone numbers to which the above option will apply (please include your area code e.g. 021)

1.	2.
3.	4.
5.	6.

I authorise eir to implement the above services on my behalf. I am authorised to act on behalf of the household or company in this matter. I accept that eir cannot guarantee uninterrupted service which may be experienced during the provision of any orders submitted to eir by the Operator named below pursuant to this Authorisation Form. Where an interruption of service may occur during provisioning I have been advised to firstly contact the new Operator named below.

Operator Name:

Contact Telephone Number:

Total number of lines in this order:



Finally, I confirm that all of the above has been clearly explained to me by a representative of the Operator named above.

Print Name:

Signature: Date:



4.4 GLUMP - GNP (Geographic Number Portability) and ULMP (Unbundled Local Metallic Path) including all Migrations to GLUMP

Customer Authorisation Form for the Transfer of Telephone Line and Telephone Number

Customer / Company Name:

.....

Address:

.....

.....

Account Number (EAN/UAN): CRN (optional):

Telephone Number(s) (including area code)

.....

I wish to transfer my telephone line and number to: *(Recipient Operator name)* *(tick if required)*

I understand that by signing this form *(Recipient Operator name)* will provide all future service and features and my account with my current Service Provider will be closed and any existing telephone services and features will be removed.

I accept that the purpose of switching my service to *(Recipient Operator name)* may result in a short interruption of service.

If I have any queries regarding the progression of my order contact *(Recipient Operator name)* at *(insert telephone number)*.

The information contained in this authorisation may not be used for any other purpose other than that for which it is intended. I consent to the retention and sharing of the data above in order for service options I have chosen to be provided to me.

I confirm that I am authorised to act on behalf of the household or company in this matter.

Print Name: Contact Number:

Signature: Date:



4.5 Bitstream

DSL Transfer Authorisation Form

This is an instruction to eir to change the DSL Service Provider on the referenced DSL line below. I accept that there may be some downtime in conducting this change.

Customer / Company Name:

.....

Address:

.....

.....

Account Number (EAN/UAN): CRN (optional):

Telephone Number(s) (including area code):

Gaining Operator:

Losing Operator:

I understand this form will be relayed by you to use of electronic or other means.

The information contained in this form may not be used for any purpose other than that for which it is intended. I understand the services provided by (Gaining Operator) may be different from those services provided by (Losing Operator).

You have my authority to disclose such information regarding numbers quoted above together with any other numbers to the (Losing Operator) as is necessary to allow this service to be provided.

Please tick box to accept:

By signature of this form, I authorise (Gaining Operator) to cease my DSL service with (Losing Operator) in respect of the above telephone number(s) in conjunction with the successful provision of DSL from the (Gaining Operator). I authorise eir to activate the above changes on my behalf. I accept that my company or I am responsible for the discharge of any obligations in reference to the service provided by (Losing Operator) and I wish to proceed with the provision of DSL service with (Gaining Operator). I understand that I may only avail of the transfer for DSL service to (Gaining Operator) once I have discharged any obligations in reference to the above service provided by (Losing Operator).

I am authorised to act on behalf of my company or household in this matter.

Print Name: Contact Number:

Signature: Date:



4.6 Bitstream from ISDN

Customer Authorisation Form

This is an instruction to eir to cease the referenced ISDN line below for the purpose of activating DSL on the same line. I accept that there may be some downtime between ceasing ISDN and provided DSL on the line. Should the DSL line fail at installation stage, ISDN will be reactivated on the same line. While every effort will be made to restore an ISDN service on the line immediately, reactivating ISDN could take up to 48 hours.

Customer / Company Name:

.....

Address:

.....

.....

Account Number (EAN/UAN): CRN (optional):

Telephone Number(s) (including area code):

Please tick box to accept:

By signature of this form I authorise eir to cease my ISDN line in respect of the above telephone number(s). I understand that both the main and the auxiliary ISDN line will be ceased. I authorise eir to activate the above changes on my behalf.

I am authorised to act on behalf of the household or company in this matter.

Print Name: Contact Number:

Signature: Date:



4.7 Migrations – ULMP/GLUMP to SB-WLR/PSTN with optional Broadband/Bitstream or Line Share

Customer Authorisation Form

For the transfer of Telephone Lines & Voice Services, Telephone Number (optional) and Broadband (optional) – Migrations Reverse Paths from ULMP/GLUMP Only

Customer / Company Name:

.....

Address:

.....

.....

Account Number (EAN/UAN): CRN (optional):

Telephone Number(s) (including area code):

- (tick if required)*
- I wish to transfer my telephone line and voice services to (Recipient Operator name)
- I wish to transfer my telephone number to (Recipient Operator name)
- I wish to order Broadband with (Recipient Operator name)

I authorise eir to transfer the designated telephone lines to (Recipient Operator name). I understand that eir will activate a facility so that all calls on this line will be handled by (Recipient Operator name) and this will remove any alternative service provision options already in place. My account with my current Service Provider will be closed and any existing telephone services and features will be removed.

If I have ordered broadband I am instructing eir to provide DSL Service on the referenced line above. I understand that services provided by (Recipient Operator name) may be different from those services provided by current Service Provider.

I accept that the process of switching my service to (Recipient Operator name) may result in a short interruption of service.

If I have any queries regarding the progression of my order contact (Recipient Operator name) at (insert telephone number).

The information contained in this authorisation may not be used for any other purpose other than that for which it is intended. To ensure the efficient provision of facilities, eir retains the customer name, address and telephone service details. This data is also passed to the new Service Provider (or name of SP). I consent to the retention and sharing of data above in order for service options I have chosen to be provided to me.



Please tick box to accept:

I confirm that I am authorised to act on behalf of the household or company in this matter.

Print Name:

Contact Number:

Signature:

Date:

 4.8 GNP (Geographic Number Portability) CAF

Customer Authorisation Form

To: (*Donor operator*)

From: (*Customer/Company name and service address as shown on most recent telecommunications bill from donor*)

From: (*Recipient Operator*)

Account No.: (*as shown on most recent telecommunications bill from donor*)

Recipient Operator Order Number: (*as per order placed with donor – to be inserted by recipient*)

Re: Telephone Number(s):
(*Insert all numbers below - attach additional sheets if required*)

Individual GTNs

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.



Hunt Group GTNs

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.

GTN Ranges

<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>
<i>From:</i>	<i>To:</i>	<i>From:</i>	<i>To:</i>

By signature of this form, I authorise you to close my account in respect of the above telephone number(s) in conjunction with the successful porting of those numbers to another operator.

I understand that this form will be relayed to you by use of electronic or other means.

I confirm that I have the authority to make this instruction on behalf of my household/company.

The information contained in this form may not be used for any purpose other than that for which it is intended.

I understand that services provided by [Recipient] may be different from services provided by [Donor].

I accept that I or my company is responsible for the disposition of any charges in reference to the account provided by [Donor].



~~.....You have my authority to disclose such information regarding numbers quoted above.....~~
together with any other numbers to the new operator as is necessary to allow this port to proceed.

Signed:

Date:

Print Name:

Position in Company (if applicable):

Contact Number:

Version Control History

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Version	Status	Update	Effective Date
1.0		Published as part ARO Version 2	26 th May 2005
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