

Procedimiento de portabilidad

México

Documentos

- Copia de identificación del representante legal,
- Copia de Poder Notarial,
- Formato de portabilidad (se anexa). En caso de ser líneas de distinto Carrier, se llena un formato por cada uno.
 - <https://www.callmyway.com/Welcome/Downloads>
 - Formato Word: Formato Portabilidad General México CNV v1.1

Procedimiento

- A partir del día de en qué recibamos el formato con el llenado correspondiente:
 - se ingresa y en tres posteriores días tenemos la respuesta del ABD
 - con el ABD nos indicaran los días que tenemos para solicitar portabilidad, con lo que se lo agendará con el visto bueno del cliente final

Nota:

- NIP: se refiere a un número de 4 dígitos y para los usuarios de telefonía fija se obtiene llamando gratuitamente al número 051, en un plazo de 5 minutos recibe un mensaje de texto o una llamada con el NIP de confirmación, tiene vigencia de 15 días naturales a partir de que se genera.

USA

Documentos

- LOA firmado (adjunto)
 - https://www.callmyway.com/Welcome/DownloadDocument/6/Portabilidad_nu_merica_Telefonicos_locales_USA.pdf
- Copia de factura, preferiblemente que muestre el número, no más vieja a 30 días
- Y en caso de ser posible obtenerlo solicitar un CSR a operador donante. No indispensable.

Procedimiento

- Con los documentos se presenta la portabilidad
- Luego entre una y dos semanas se recibe el FOC en el que se indica la fecha del cambio.

Nota general:

- Todas las portabilidades se ejecutan fuera de horas laborales

Letter of Agency to Change Service Provider

Customer Billing Name:* _____
Customer Billing Street Address:* _____
Customer City, State, Zip Code:* _____
Billing Telephone Number (BTN):* _____
Current Provider Account Number:* _____

* All fields are required. **The name you enter above must be the name the phone number is officially under with your current provider (your name, spouse's name, business name, etc).** Please note that a billing street address and current provider's bill copy is required for all porting requests (**No PO Box Addresses**). The bill copy has to be within 30 days. Please do not submit any service change orders on your current phone numbers to your current provider during the LNP process.

Only one service provider may be designated as my presubscribed carrier for each telephone number listed below.

___ By initialing here and signing below, I am authorizing CallMyWay NY S.A. to become my new service provider in place of _____ [current local service provider] for IP based telephony services. I authorize CallMyWay to act as my agent to make this change happen, and direct _____ [current local service provider] to work with CallMyWay to make the change.

___ By initialing here and signing below, I acknowledge that I was told by CallMyWay that the service does NOT support traditional 911, E911 or any other form of quick dial access to emergency services.

___ By initialing here and signing below, I acknowledge that any services associated with my current carriers including internet access and security systems will NOT be supported.

Telephone Number(s) to be changed:

___ Initial here if attaching a list of additional numbers to be changed. Please note that if you are porting numbers from multiple providers or sets of numbers with different BTNs, please include them in the attached list.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen years of age, and that I am legally authorized to change the telephone service providers for services to the telephone numbers listed above. **I understand and agree that I may be subject to a one-time charge per line for each change in provider. I may consult with the carrier as to whether the charge will apply.** If I later wish to return to my current provider, I may be required to pay a reconnection charge to that company. I also understand that my new service provider may have different calling areas, rates and charges than my current provider, and that by signing below I indicate that I understand those differences, (if any) and am willing to be billed accordingly.

Print Name

Signature

Date

I understand that my signature of this document will result in the change of my telephone service as described above.

LNP20080122