

Date :

To : IMDA (Spectrum and Numbering Management)      From :

Fax: (65) 6659 2502      Tel No :

**TRANSFER OF 1800 NUMBERS (S)**

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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.

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Addressee  
Service Provider  
Fax :

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

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(Signature and Name of IMDA Officer)

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Date

\*Delete as appropriate