

Date :

To: IMDA (Spectrum and Numbering Management) From:

Fax: (65) 6577 3888 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 IMDA Officer)

---

Date

\*Delete as appropriate