Order Type		**Includes Prefix Change?**	**Preport**		
		Yes/No	**Reprefixing**		

Date & Time	**Main Billing No.**		**Porting?**	**Yes/No**	**Single**	
dd/mm/yy						
hh:mm	**Order No.**				**Multi**	

Associated No. (list page 2)	**Yes/No**
DDI Letter of Authority Held	**Yes/No**

		CUPID	**Switch Prefix: 5**	
LCP			**Old Postcode for moving customers**	
GCP			**Total No lines/numbers**	
RH			**Cap. Planning**	
			LCP accepted for Subsequent Portability	**Yes/No**

Port Date		**Time**	
		Multi Line	
		Single Fixed	
		Single Autopostpone	

Title		**Initial**		**Surname**		
(to be used for equipment recovery purposes only)						

Post Code	

COMMUNICATIONS PROVIDER RESPONSE

	Date (dd/mm/yy)		Time (hh:mm)	Rejection Code
Order Received				
Order Acknowledged				
Accepted/Rejected				
Provisional Acceptance				
Order represented				
Accepted / Rejected				
Referred for Capacity Planing				
Cancel Order				

Page		**Of**	

Order Type	

Associated Nos. (numbers associated with the main billing number on page 1)

DDI Range		DDI Range	
Start		Start	
End		End	

DDI Range		DDI Range	
Start		Start	
End		End	

DDI Range		DDI Range	
Start		Start	
End		End	

DDI Range		DDI Range	
Start		Start	
End		End	

Other Nos. - (other numbers at the same post code not associated with the main billing number on page 1)

NOTES

Detailed Description

Number Portability Order Form Field	Field Content	Status

Order Type	Order Type must be ONE of the following: Provide PRO Cease CSE Change CHA Cancel Own COW Cancel Other COT Emergency Restore EMR Return to Range Holder RRH Represent RPT Subsequent portability SUP Post Port Prefix Change PXC	Mandatory on all order types
Includes prefix change	Tick as appropriate	Mandatory tick required
Preport or reprefixing tick box	Tick as appropriate	Manadatory (if tick placed in 'Includes prefix change' box) . Only required for change orders .
Order sent Date/Time	The date and time order was sent	Mandatory on all order types
Main billing Yes/No	Main if to be ported	Mandatory on all types
Order Number	This order must be unique	Mandatory on all order types,must be new for Provide, Cease, Return to RH, Cancel Other and Service Restoration .For Represent, Change and Cancel Own, must be the same as main order they related to. For Cancel Other and Service Restoration the other CP's CUPIDS/Order No. will also be included
Single/Multi Tick Box	Tick as appropriate	Mandatory tick required
Associated no Tick Box	Tick as appropriate	Mandatory tick required
DDI Letter of Authority Held?	Tick as appropriate	Mandatory tick required
LCP Details	Name and order handling contact telephone and fax numbers	Mandatory on all order types
GCP Details	Name and order handling contact telephone and fax numbers	Mandatory on all order types
Range Holder Details	Used for subsequent portability	Mandatory on all subsequent portability
Exchange /Switch Prefix	The six digit routing prefix starting with a 5	Mandatory on Provide, Subsequent Portability, Represent and subsequent Change orders. Also for Post Port Prefix Change orders
Old Postcode for moving customers.	Used to identify the post code as held on the LCP's systems for validation purposes when a custome moves address at the same time as porting	Mandatory when the customer moves at the same time as porting
Total Number of Lines/Numbers	The total number of lines/numbers being provided by the GCP	Mandatory on all transactions for Multi line
Capacity Planning	For installations that are being provided on the GCP Network that consists of 31 lines or over	Mandatory on all orders of more than 31 lines
LCP accepted for Subsequent Portability	Yes/No - Used for subsequent portability orders allowing the Range Holder to see that acceptance has been gained from the LCP.	Mandatory on all Subsequent Porting orders sent to the Range Holder of the number.
Port Date	The date at which the port is going to take place	The porting date is governed by the lead time as per single/multi line agreements
Porting Time	Either fixed time or autopostpone	The porting time as per industry agreements
Title	Customer Contact Title	Required where DDI letter is held
Initials	Customer Contact Initials	As per Title
Customer Surname	Customer Contact Surname	As per Title

N.B .The installation address should be used on an order where the billing address is different to the installation address

Post Code	Customer's Post Code held by LCP	Mandatory on all orders except Cease

Communications Provider Response

Order Received	Date and time order received by LCP	Mandatory
Order Acknowledged	Date and time order acknowledged by LCP	Mandatory

Accept/Rejected	Date and time order accepted/rejected by LCP	Mandatory
Provisional Acceptance	Date and time that order was provisionally accepted, given that further detailed studies or Capacity Planning is required	Mandatory if full 48 hours is required for detail checking OR capacity planning is required
Order Represented		
Accepted /Rejected	Used for both Capacity Planning and Represents	Mandatory if Capacity Planning or Represent
Referred for Capacity Planning	Date and Time that referral was made (internally with LCP) to capacity planning department	Mandatory if Capacity Planning is required (ie order is greater than 31 lines)
Cancel Order	Date and Time received	Only if cancel sent

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Associated Numbers	This includes numbers attached to the main billing number. Numbers must state if they are to be ceased, retained or ported.	Optional - as required
DDI Numbers to be ported – Individual numbers	Customer may have a number of separate	Optional
Range of DDI numbers	If a complete range is to be ported the Start	Optional - as required
Other Nos	Single Lines attached to multi line order at the same post code	Optional - as required
Notes	For any additional information needed	Optional - as required

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