TOLL-FREE SERVICE PROVIDER CHANGE AUTHORIZATION AND DESIGNATION OF AGENCY

Tracking Number _____

I hereby instruct Bell Canada, on behalf of the undersigned for the following Toll-free telephone number(s), to effectuate the following changes in my Toll-free service by having Bell Canada be my service provider. I attest that I am the exclusive end user subscriber of the Toll-free number(s) listed below and that I will assume all liability for the misappropriation of traffic of any other end user with regard to the Toll-free number(s) listed below. This request to Bell Canada for RESP ORG change does not constitute an order for disconnection of service with my existing service provider(s). I continue to accept responsibility for notifying my existing service provider(s) of any intention to disconnect and/or change my Toll-free number(s) after Bell Canada has been designated the service provider for the Toll-free number(s) listed below.

CUSTOMER INFORMATION:

Company Name:

Billing Phone Number:

Billing Address:

Contact Name & Phone:

Fax Number:

EFFECTIVE DATE & TIME:

Toll-free Numbers for which RESP ORG functions are being transferred.

NOTE: Unused blocks are to be stroked out before being signed by the authorized customer. If additional numbers are listed please use additional forms. Each form must be signed by an authorized customer.

Current Toll – Free Service Provider Information		**New Toll – Free Service Provider Information**
Company Name:	_____	**Bell Canada**
RESP ORG ID:	_____	**ID CNM01**
Address:	_____	**110 O'Connor, Floor 6**
	_____	**Ottawa, Ontario**
	_____	**K1P 1H1**
Contact	_____	**Phone Number: 613-660-6775 or 800-340-3008**
Phone Number	___ - ___ - ____	**Fax Number: 613-660-3752 or 800-340-3555**

AUTHORIZED BY: _____ _____

(Signature) (Print Name)

Title: _____

Address: _____ **Date Signed:** _____

_____ **Date Received:** _____

AREA OF SERVICE	**TOLL-FREE SERVICE PROVIDER**	_For Office Use Only **CARRIER IDENTIFICATION CODE (CIC)**
Canada ___ All_____	_____	_____
U.S. ___ None_____	_____	_____