

Fraud Protection Service Waiver

To opt out of Fraud Protection on any new services, notice must be given within 21 days of the service going live.

| Customer Details | |
|--|--|
| Registered Company Name | |
| Trading Name (if different to company name) | |
| Registered Company Address | |
| Registered Company Number | |
| Contact Name | |
| Account Number (found at the top of your telephone bill) | |
| SIP trunks and/or telephone number/s to be removed from the Fraud Protection service. Please specify the numbers.* | |

By signing this waiver on behalf of my company, I confirm that we do not wish to have the Fraud Protection service on the above telephone number/s* and my company will be financially liable for any fraudulent activity on these numbers, howsoever caused. I am authorised to sign this waiver on behalf of my company.

| Agreement | | | |
|-------------------------|--|------|--|
| Authorised Signature | | | |
| Print Name | | Date | |
| Position within Company | | | |

Changed your mind?

If in the future you would like to opt back into the Fraud Protection service, please email accounts@ipofficeltd.co.uk.