

## Number Porting

To be filled out by provider

PoA ID .....

Partner ID .....

## Customer Data (legal owner of the number(s))

Company Name (for business customers only)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address (optional) \_\_\_\_\_ Postal Code / Town (optional) \_\_\_\_\_

## Power of Attorney for porting of phone number(s) and service termination

I would like to change my telecom service provider and keep my current phone number(s). With this Power of Attorney, I authorise the provider named above to carry out the necessary steps with my current provider to:

- Port the phone number(s) listed below from my current provider.
- Terminate the phone service and other services related to the phone number, such as Internet and TV, with my current provider. Note that services covered by separate contracts will not be terminated with your current provider and possible bundle discounts could be lost.

- ☐ Exception: I want to keep my other services such as Internet and TV with my current provider and port only the phone number(s) listed below. Please note that this is not always technically possible.

## Porting Date

- ☐ I would like to port my number(s) at the regular termination date allowed by the contract.  
(Cancellation costs CHF 0) **(Recommended)**
- ☐ I would like to port my number(s) as soon as possible or at a requested date. Therefore, I am aware that additional costs may apply from the current provider, due to the early termination of the contract.  
**Important:** Early termination costs can go up to CHF 1,000 (or even higher).

**Requested date** (optional): \_\_\_\_\_  
(if left empty, the number(s) will be ported at the earliest possible date)

The exact porting date and time will be communicated by the new provider. The services of my current provider will end at that date.

## Phone Number(s) to be ported

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

- ☐ DDI (min 10 consecutive phone numbers): from \_\_\_\_\_ to \_\_\_\_\_
- ☐ I have more numbers to be ported, see separate list.

Place/Date

\_\_\_\_\_

Signature (legal owner of the phone number(s) from the current provider)

Signature of legal representative (in case of minors) or collective signature in case of business customers

\_\_\_\_\_

Please return this form to the following address: \_\_\_\_\_