

Power of Attorney for the transfer of one or more mobile phone numbers

The legal holder of the current provider's subscription contract must complete this Power of Attorney.

- private customer
 Mr.
 Mrs./Ms.
 business customer
 (or nonprofit organisation or public sector)

(please leave blank)

company name _____
last name _____
first name _____
adresse street _____
 postal code _____ city _____
current provider _____

PoA-no. _____

 partner code _____

- I wish to change my telecommunications services provider and keep my mobile phone number(s).**
 I wish to respect the contract duration with my current mobile operator. The transfer may be requested no more than 120 days before the expiration of the contract.
 Contract expiry date _____

- I wish to leave my current provider without respecting the full contract duration and I accept having to pay any costs that this anticipated termination may incur.**
 Requested transfer date _____
 Please note that no transfers can be done on weekends and public holidays.

I wish to transfer the following number(s):

phone * (must be completed)	Prepaid no.**	fax***	data***
1 _____	<input type="checkbox"/> yes	_____	_____
2 _____	<input type="checkbox"/> yes	_____	_____
3 _____	<input type="checkbox"/> yes	_____	_____
4 _____	<input type="checkbox"/> yes	_____	_____
5 _____	<input type="checkbox"/> yes	_____	_____
6 _____	<input type="checkbox"/> yes	_____	_____
7 _____	<input type="checkbox"/> yes	_____	_____
8 _____	<input type="checkbox"/> yes	_____	_____
9 _____	<input type="checkbox"/> yes	_____	_____
10 _____	<input type="checkbox"/> yes	_____	_____

* In the case of companies, please include the list of numbers to be transferred with the names of the users, along with fax and data numbers.
 ** If you wish to transfer a prepaid number to a postpaid subscription, please confirm your request by entering in your mobile phone the prepaid transfer code of your current provider.
 *** The transfer of fax and (or) data numbers must take place at the same time as the transfer of the mobile phone number. Subsequent transfer of fax and data numbers is not possible.

The exact date and time of the transfer will be communicated subsequently by Business Sunrise. The supply of services from my current provider will terminate on that date.
I acknowledge that this Power of Attorney serves to cancel my subscription with my current provider. Furthermore, I acknowledge that Sunrise cannot be held responsible in the event of my current provider refusing to accept the transfer of the said number(s).

I authorise Business Sunrise
 - to undertake the transfer from my current provider of the number(s) indicated above and (or) on the attached sheet, and
 - to cancel my corresponding current contract(s). If the contract includes other services, the cancellation shall only apply to the part of the contract dealing with the number(s) indicated.

authorised signatories (print in capitals)

last name and first name _____ last name and first name _____
 Signature _____ Signature _____
 place and date _____