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| FIXED – Number Porting Power of Attorney |

I want to change my telecom service provider and keep my phone number(s)

**Current Provider New Provider**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Colt Technology Services AG  Bahnhofplatz 1  CH- 8001 Zürich |

**Company information**

|  |  |
| --- | --- |
| Company / Organisation name | Click or tap here to enter text. |
| Street | Click or tap here to enter text. |
| PLZ / Place | Click or tap here to enter text. |
| First name, Last name | Click or tap here to enter text. |

**Porting** Requested porting date: Click or tap here to enter text.

In the event of an early number port, or before the minimum contract period expires, I hereby agree to pay the losing provider all payments owed relating to this connection

after expiry of the minimum contract term

Date: Click or tap here to enter text.

I authorize Colt Technology Services GmbH

* to arrange for the number(s) listed below to be ported from my current provider and
* to terminate my previous contract(s). If the contract contains further services, the termination only refers to the part of the contract with the corresponding number(s).

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.

This authorization is deemed to be a termination of the contract(s) or parts of the contract(s) concluded with my previous telecommunications provider that are affected by the porting of the number(s) listed below.

The exact date and time of the port will be communicated to me later by Colt Technology Services GmbH. The service provision of the current provider will end on this date.

**Main number Number**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Signature**

|  |  |
| --- | --- |
| Place/Date: Click or tap here to enter text. / Click or tap here to enter text. | Signature 1: Click or tap here to enter text. |
| Signatory’s full name (print): Click or tap here to enter text. |  |
| Place/Date: Click or tap here to enter text. / Click or tap here to enter text. | Signature 2: Click or tap here to enter text. |
| Signatory’s full name (print): Click or tap here to enter text. |  |

A copy of this power of attorney will be sent to the current provider. The original remains with Colt Technology Services GmbH.