

# 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 with my current provider. Note that my current provider might also cancel related services such as TV and Internet.

**Note:** You may lose your combination discount if you have more products from your current provider. Your current provider will help you with any questions.

**Exception:** I want to port only the phone number(s) listed below to my new provider. Other phone numbers and services are kept with my current provider. 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: