

Number Porting	To be filled out by provider PoA ID
Phone Number to be ported	
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*To confirm transfer of your PrePay nur	□ Prepaid mber, please text YES to 499.
Customer Data (legal owner of the nu	umber)
Company Name (for business customer	rs only)
Last Name	First Name
Street/Nr	Postal Code / Town
Power of Attorney for porting of pho	ne number and service termination
<u> </u>	ice provider and keep my current phone number. With this Power of ed above to carry out the necessary steps with my current provider to:
Port the above-listed phone nu	umber from my current provider.
Porting Date	
☐ I would like to port my numb (Cancellation costs CHF 0) (F	er at the regular termination date allowed by the contract. Recommended)
additional costs may apply from	r as soon as possible or at a requested date. Therefore, I am aware that m the current provider, due to the early termination of the contract. costs can go up to CHF 1,000 (or even higher).
•	be ported at the earliest possible date)
The exact porting date and time will be will end at that date.	communicated by the new provider. The services of my current provider
Place/Date	Name/Signature (legal owner of the phone number from the current provider)
	Name/ Signature of legal representative (in case of minors) or collective signature in case of business customers

Please return this form to the following address: POA.MNP@go-mo.ch