

## Power of Attorney for transfer of phone numbers

With this Power of Attorney, I authorize 4z.com to take the necessary steps for the desired change of my current telephone operator.

Customer Data (name and address with which the contract with your current service provider is registered):

Company	
Name	
Surname	
Street	
Postcode/City	
Old service provider	Powertel GmbH

Desired date for the transfer of the phone number (s) to 4z.com, with the cancellation of the contract of the telephone connection at my old service provider (Please check the suitable option):

☐ Respecting the delay of cancellation of the contract of my old service provider.

Contract maturity date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

☒ As soon as possible and terminate my telephone connection at my old service provider without respecting the contractual conditions. I agree to settle the possible fees for early termination in full.

☐ I want to cancel my contract at my old service provider at the following date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. In case this date is before the notification period specified in the contract or before the end of minimal duration of the contract connection, the break/termination cost of the contract will be debited from me and I agree to settle it in full.

I authorize 4z.com to proceed transferring the below mentioned phone number (s) from my old service provider:

1. Phone number :	6. Phone number :
2. Phone number :	7. Phone number :
3. Phone number :	8. Phone number :
4. Phone number :	9. Phone number :
5. Phone number :	10. Phone number :

(In case of the cancellation of the contract of telephone line, the phone numbers which are not mentioned, will be abandoned.)

*Important: In case I benefit services (e.g. Internet access, Voice over IP, CPS screening services) which depend on a telephone connection contract, these services will also be terminated on the date of the service connection closure. The termination of these services may incur additional charges. To avoid these additional costs, all additional contracts must be terminated by me on time, which means, in compliance with the delay of respective contracts, no later than the date of closure of the cancelled telephone connection.*

The exact date and time of transfer will be communicated to me by 4z.com. The contribution of the services of my old service provider concerning the termination line ends on this date.

Location, Date: \_\_\_\_\_

Signature of the contract holder : \_\_\_\_\_

\_\_\_\_\_  
(please write the name with print letters, company stamp for Sàrl and S.A. is obligatory)

To be filled by 4z.com Sàrl :

POA\_ID :

Comment :