

Number Porting		Daile
	To be filled out by provider PoA ID	Business
	Partner ID	
Phone Number to be ported	1	
	Prepaid	
☐ I have more numbers	to be ported, see separate list.	
*To confirm transfer of your Pr	ePay number, please text YES to 499.	
Customer Data (legal owne	r of the number)	
Company Name (for business	customers only)	
Last Name	First Name	
Street/Nr	Postal Code / Town	
Power of Attorney for porti	ing of phone number and service terminatio	n
	om service provider and keep my current phone der named above to carry out the necessary steps	
Port the above-listed p	hone number from my current provider.	
Porting Date		
	my number at the regular termination date a CHF 0) (Recommended)	allowed by the contract.
additional costs may a	number as soon as possible or at a requested da pply from the current provider, due to the early to nination costs can go up to CHF 1,000 (or even hig	ermination of the contract.
	ber will be ported at the earliest possible date)	
The exact porting date and tim provider will end at that date.	e will be communicated by the new provider. The	e services of my current
Place/Date	Name/Signature (legal owner of the p provider)	phone number from the current
	Name/ Signature of legal representati collective signature in case of busines	

Please return this form to the following address: poa.mnp@salt.ch