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| --- |
| Letter of Authorisation (Power of Attorney)  To keep and port number(s) - terminate or continue existing agreement |

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The Netherlands

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**THE UNDERSIGNED** (hereinafter "**Subscriber**") is a:

Company:

with the name: [*FULL LEGAL NAME]*, a [FILL IN LEGAL FORM], with offices in [ADDRESS / POSTAL CODE / BUSINESS LOCATION], registered with the Chamber of Commerce of [LOCATION] under number: [NUMBER],

duly represented by:

First name: [FILL IN]

Surname: [FILL IN]

Date of birth: [FILL IN]

Place of birth: [FILL IN]

Job title: [FILL IN]

OR (\*)

Natural person:

First name: [FILL IN]

Surname: [FILL IN]

Address: [FILL IN]

Postal code: [FILL IN]

Place of residence: [FILL IN]

Date of birth: [FILL IN]

Place of birth: [FILL IN]

(\*) Please tick what is applicable

The Subscriber has concluded the agreement(s) with [DONOR OPERATOR'S FULL NAME] ("**Transferring-Provider**") with regard to the telephone numbers below given in the **("Agreement(s)**"), whereby certain public electronic communication service (s) are made available to the Subscriber.

The Agreement(s) include the following telephone number(s) ("**Telephone Number(s)**"):

|  |  |
| --- | --- |
| Tel. Number(s): Click or tap here to enter text. | up to and including Click or tap here to enter text. |
| Tel. Number(s): Click or tap here to enter text. | up to and including Click or tap here to enter text. |
| Tel. Number(s): Click or tap here to enter text. | up to and including Click or tap here to enter text. |
| Tel. Number(s): Click or tap here to enter text. | up to and including Click or tap here to enter text. |

The Subscriber hereby explicitly states the following to be done with respect to their current agreement(s) with **Transferring Provider** at the time of the **Transfer Date**:

that the agreement(s) with the **Transferring Provider** be terminated per contract-end-

date for the service(s) relating to the aforementioned telephone number(s), and that

any remaining telephone number(s) left behind will be ceased after the actual

**Transfer Date** of the aforementioned number(s).

**OR:**

that the Agreement(s) with the **Transferring Provider** will be **continued** as of the

**Transfer Date** of the aforementioned telephone number(s) for the service(s) to which

the aforementioned telephone number(s) belonged to, and that any remaining

telephone number(s) are thereby to be kept in service.

**OR:**

that the Agreement(s) with the **Transferring Provider** for the service(s) to which the

aforementioned telephone number(s) belonged has already been terminated, but not

more than 2 months ago and that the number(s) are to be ported.

(\*\*) Please select one of the above options only.

In this context of this transfer, the Subscriber hereby grants the power of attorney to COLT TECHNOLOGY SERVICES B.V., a private company with limited liability, established at (1114 AM) Amsterdam-Duivendrecht Van der Madeweg 12, the Netherlands, registered with the Chamber of Commerce under number 33303165 ("**Colt**"), to within the transfer process established by COIN and the corresponding transfer period as of the set FPD (First Possible Date): (i) arrange the transfer to Colt (ii) if necessary, register the telephone number(s) in the name of Colt Technology Services B.V., (iii) on behalf of Subscriber, terminate the Agreement(s) between Subscriber and the **Transferring-Provider** regarding the provision of publicly available electronic communications service(s) with respect to the Telephone Number(s) as of the Transfer Date, all with the power of substitution.

The Subscriber must be authorised to grant this power of attorney to Colt. This power of attorney may not be signed by a Subscriber and/or signatory who has been declared bankrupt, to whom the law on debt rescheduling has been declared applicable, who has been granted a moratorium on payments, or who has submitted a request for the foregoing, and/or who is a minor or otherwise incapacitated/unauthorised.

**SIGNED**:

Signature:

Place: Click or tap here to enter text.

Date of signature: Click or tap to enter a date.

This power of attorney is valid for 3 months from the date of signing.