POWER OF ATTORNEY FOR NUMBER TRANSFER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(company name)

registration number , location\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as the Client), authorizes Elisa Eesti AS, registration number 10069659 (hereinafter referred to as the Authorized Person), to represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Donor Operator) (hereinafter referred to as the Donor Operator) for the conditional conclusion of the termination agreement of the subscription agreement (hereinafter referred to as the Subscription Agreement) based on thenumber(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hereinafter referred to as the Number), with the Client's desire to maintain the Number according to the Subscription Agreement.

In connection with this power of attorney, the Client gives consent to the Donor Operator to provide the Authorized Person with data on the services used, prepayments and/or debts related to the Number used by the Client.

The Authorized Person's powers are valid only for the conditional conclusion of the termination agreement of the Subscription Agreement based on the Number's use.

**The Client is aware that upon termination of the Subscription Agreement based on the use of the Number, he/she will no longer be able to use any services provided by the Donor Operator under the same Subscription Agreement and/or Number, unless otherwise agreed between the Client and the Donor Operator. The Client is also aware of possible contractual penalties, financial obligations, and costs that may arise from the termination of the Subscription Agreement.**

This power of attorney is valid for 30 (thirty) calendar days. The power of attorney is presented in the original to the Donor Operator.

Date: Client's (Authorized Person's) name:

Signature:

Basis of authority:

Name of the authorized service representative accepting the power of attorney:

Signature: