Power of attorney for number portability

			_
Company:			
Address:			
Postal code/City:			
Vat number:			
			J
	authorizes WILDIX OÜ Laeva tr ny phone subscription for teleph		
Current operator (One POA for each operator)			
Main telephone number Required	Telephone number series If series (e.g. 10 nr): +45-78781280-89	Account number (If avaiable)	Requested execution date Minimum 5 working days ahead (dd-mm-yyyy)
	s entitled to dispose of subscription n made by the undersigned persona	•	mber series with the same
	It of the above, entitled to, among or form the following actions on beha		e following operations and / or
Subscribe and unsu company.	take down the subscription with an bscribe telephone number / numbe	r range for carrier prese	election in another telecom
•	number / number range from WIL d party in connection with number		to WILDIX OÜ or another of
	n a contract or a different notice of the remainder of the termination p		ent operator, you may be
	, date		

Signature