

Power of Attorney – Luxembourg

The undersigned company, **Name & address details*, who's registered office is located at **address & postal-code* with registration number **company registration number*, and **VAT / GST number* legally represented by **representative* as **Title, Job Description* of the Company.

Hereby empowers WILDIX OÜ to manage / port the below mentioned telephone numbers from my current service provider **current service provider*.

I hereby also select WILDIX OÜ, as my new service provider and agent for these numbers and hereby empower WILDIX OÜ to do all that is needed to migrate (port) the below telephone numbers to the network of choice.

Country of Origin	Telephone Number(s) to Migrate (Port)	Current Service Provider	Account No Current Operator	type of service the number is being used for
Luxembourg				
Luxembourg				
Luxembourg				
Luxembourg				
Luxembourg				
Luxembourg				
Luxembourg				
Luxembourg				

Company :

Date :

Place :

Name :

Contact Phone number :

Contact E-mail address :

Signature :

Note:

Please complete the values in red with the relevant company information and current service provider

Enter the details in the table. Only 1 Service Provider per form.

Please attach:

- *recent invoice from current operator*
- *copy of customer legal representative's passport*

