



Authorisation for number portingI want to change my telecommunications service provider and keep my phone number(s)

1. customer details	(Please indicate the deta	Is under which the contract	is registered with the current	provider

·			_			
Company		Street				
First name		ZIP/ Town				
Previous provider		☐ Previous provider unknown				
2. Previous numbers (numbers to be	ported)					_
Main number						
DDI Number block from:			to:			
Porting type: Full porting (standa green.ch to terminate Partial porting: I of the contract with the	e the remaining part would like to transfe	s of the contra er the listed ph	ct with my curr	ent provider.		S
3. Desired porting date						
The transfer should (only 1 selection p	ossible)					_
take place on the next possible, reg no contract violation fees for the termina the end of the month)	ular termination dat					
take place on the following date:	Day	Month		Year		
Reason:						
duration	orting is to be carrie on applicable with the one by me. Or					
b.) I have	already terminated	my contract o	n this date.			
as quickly as possible. If no date is given, green.ch will arrange Any fees charged by the previous provi	the transfer as soo der will be borne by	on as possible me.	(within 6 - 10 v	vorking days).		
Note: Porting takes place on workdays	from Monday to Frid	day between 0	8:00 and 17:00).		
4. Confirmation						_
If the date is before the end of the cance will be charged by the previous provides of the takeover will be communicated to the previous provider ends at this time.	r for any contract vio	olation fees, w	hich I will pay i	n full. The exact d	ate and time	
I hereby confirm the accuracy of the info me for the takeover of my telephone nu		above as well a	as the acceptar	nce of all information	on provided to	
Place, date:	Signature: (official stamp mandatory for companies)					
a contract of the contract of						