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## **Authorisation to transfer**

Analog- or ISDN-number	s
Company:  First- / last name*:  Street / no.*:  Postal code / city*:  E-mail*:	
Numbers to transfer:	Main number*:  Additional number:  Additional number:  ISDN-customers
Current provider*:	All other numbers, that are not listed in this authorisation, will be cancelled.     Swisscom  UPC  Sunrise
	□ Other:  Additional services & preselection  If you have subscription(s) for other service(s) at your current provider or a preselection contract they have to be cancelled by yourself.
Date of transfer*:	□ As soon as possible □ Wish date:  Consisting contract  If it comes to a premature takeover of the phone number(s) or before passing the minimum term of contract, all costs due in this regard, have to be paid to your current provider.
Important information By transfering your phone r	umber(s), the telephone connection will be terminated at your current provider.
Confirmation I confirm the correctness of	the information and instruct the provider with the transfer of the phone number(s).
City, date*:	Signature*:

\*Necessary fields TSQ-V.TRAAIN.STD.EN.03.170201