

APPLICATION / POWER OF ATTORNEY

PRINCIPAL DATA (hereinafter **Client**)

<input type="checkbox"/> BUSINESS CLIENT / <input type="checkbox"/> PRIVATE CLIENT		Registration code
Name		
Address		
Current telecommunications carrier (hereinafter Donor Operator)		
Elion Ettevõtte AS	<input type="checkbox"/>	Elisa Andmesideteenused AS <input type="checkbox"/>
Norby Telecom AS	<input type="checkbox"/>	Starman AS <input type="checkbox"/>
Top Connect OÜ	<input type="checkbox"/>	
Numbers or numbering ranges		

In accordance with the Electronic Communications Act § 89 **Client** wants to bring above numbers or numbering ranges from **Donor Operator** network to Voxbone S.A network.

Client authorizes Voxbone S.A (registration code BE 0478,928,788) employee _____ (hereinafter an **Authorized person**), to represent himself at **Donor Operator** for the termination of the connection agreement (hereinafter **Connection Agreement**) associated with aforementioned numbers or numbering ranges, with a **Client's** desire to keep specified in Connection Agreement numbers.

This power of attorney is valid for 60 (sixty) calendar days. The original copy of power of attorney goes to Donor Operator and a remaining copies to **Client** and **Authorized person**.

I confirm that i have valid Connection Agreement with above-named Donor Operator.		
Client name	Date	Signature

To be filled up by Voxbone S.A		
Application receiver	Date of acceptance	Signature