



GoMo  
Salt Mobile SA  
Rue du Caudray 4  
CH - 1020 Renens 1

**Please complete this form and send it per email to POA.MNP@go-mo.ch**

Power of attorney (please leave blank) 98094 - \_\_\_\_\_

**Customer address**

Title \_\_\_\_\_ Street \_\_\_\_\_ number \_\_\_\_\_  
 First name \_\_\_\_\_ City \_\_\_\_\_ postcode \_\_\_\_\_  
 Last name \_\_\_\_\_ Company name \_\_\_\_\_

**Current contract**

I want to change my operator and keep my mobile number(s). I am the legal holder of the current operator's subscription contract.

Current operator \_\_\_\_\_

• I'm staying until the end of my contract which ends on \_\_\_\_\_

• I want to leave my current operator on \_\_\_\_\_  
 This date is before the end of the contract and I will pay any fee that result from this early termination.

**Transfer**

I want to transfer the following number(s):

Mobile*	Prepaid**	Data***	Provisional
_____	_____	_____	_____

\* If you are filling in this form on behalf of a company please list all the numbers being transferred with the names of the users, along with data numbers.  
 \*\* To confirm transfer of your PrePay number, please text now YES to 499.  
 \*\*\*All fax and/or data numbers need to be transferred simultaneously with your mobile number.

I authorise GoMo to:

- transfer the number(s) above and/or on the attached sheet from my current operator
- cancel the corresponding contract(s). If the contract includes other services, the cancellation will only apply to the part of the contract that deals with the number(s) I've indicated. My current operator has to accept the cancellation. GoMo can't be held responsible if the operator refuses the cancellation and transfer of the specified mobile number(s).

Place, date \_\_\_\_\_

First and last name \_\_\_\_\_ First and last name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_