

## Letter of Authorization

## Subscriber Details

Name of Legal Entity

Billing address

Service address

Tax Number (NIP)

Name and Surname of Authorized Representative

PESEL

## Current carrier details

Provider (Donor)

Address

Account number / Reference  
Number(s) to port

## Declaration by Subscriber

With this I declare that I am a Subscriber of the above service/s. I authorize the new Provider to initiate all necessary action in order to disconnect the above service and transfer my number from the above Provider Donor to new Provider.

Name and Surname

Date

Signature