

France

Power of Attorney for Number Portability

*Name and Address as shown on Customer's most recent bill from current carrier.

Name and Surname	
Position in Company	
Company Name*	
Address*	
City	
SIRET	
National Registration Number	
Current Service Provider	

As the end user and owner, I designate Telnyx to act as my agent in changing the provider and import each of the telephone number(s) specified on Page 2 and I allow Telnyx to act on my behalf and contact the current service provider.

I understand that my request for portability constitutes a request for termination of my contract with my current operator regarding the number(s) ported and that this termination will take effect on the day of the effective porting of the number(s) defined, I remain bound by all possible obligations which bind me to my operator, in any remaining related payment.

I am aware that I must confirm the terminati	ion of my contract by mail with m	ny current
operator.		

Place

Date

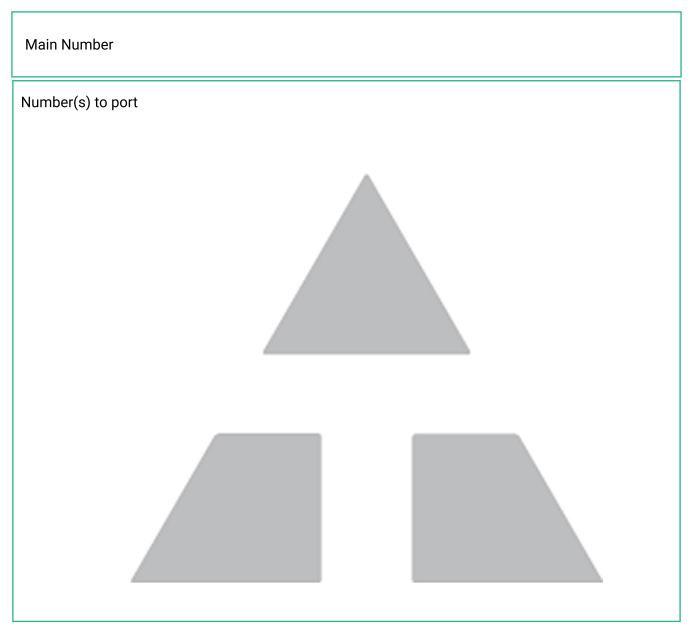
Authorized Person

Signature



France

Transfer to Telnyx



Please select one of these options that applies to your portability request :

Isolated portability	I wish to port a number that has no associated numbers.
Full portability	I wish to port the Main Number with all the associated numbers.
Partial portability	I wish to port some of the associated numbers without the Main Number.
Complex portability	I wish to port the Main Number without the associated numbers. I would like the new Main Number to be
	I wish to port the Main Number and some of the associated numbers. I would like the new Main Number to be



France This page is optional

Please insert one number with its RIO code per row

