

Power of attorney



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

You appoint each person named to carry out all legal activities in connection with your Pro Office contract, in particular activating, managing and cancelling subscriptions or services offered by us.

You confirm you are listed in the commercial register or are authorised (by a separate Power of Attorney) by someone who is. This Power of Attorney will remain in place until you revoke it.

Your details

Company	_____	UID	_____
Account number	_____		
Title	_____	Last name	_____
First name	_____	PO box	_____
Street and number	_____	City	_____
Postcode	_____		

You appoint the following as your representative(s):

<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
First name	_____	Last name	_____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
First name	_____	Last name	_____
<input type="checkbox"/> Mr <input type="checkbox"/> Ms			
First name	_____	Last name	_____

POA

Your signature

Place	_____	Date	_____
First and last name	_____	Signature	_____
First and last name	_____	Signature	_____

Copies of your identity document (back and front) and those of each authorised person must be attached.

- Accepted ID documents:
- Swiss nationals: Swiss identity card, Swiss passport, Swiss driving licence
 - Non-Swiss nationals: B, C, Ci, G or L permits (valid for at least 3 months); diplomatic permit.