Name and Family

Adress

Swisscom Schweiz AG

Priorité Team

Via die Gaggini 3

6500 Bellinzona

Date

**Power of attorney**

As the contract holder (name and surname), I authorise the following person (name, date of birth and document number of the person to whom it confers power of attorney) so that he/ she can do the following:

- provide precise information about changes / information (general or specific) and any restrictions to this power of attorney

- Swisscom subscriptions: (telephone numbers concerned by the power of attorney)

This power of attorney is valid from (date) until 01.02.2022.

Attachments

- Copy of the Swisscom contract holder's identity card

- copy of the prosecutor's identity card

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Place, date Contract holder