

# Provider Change Authorization of COLT Technology Services GmbH

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**Termination of connections with end-customer contracting party surrendering (EKPabg)**

(separate termination notice to the current provider not required)

I/we hereby terminate the connection in the details mentioned below with:  
at the earliest possible date.

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**I/we hereby authorize the porting (retention) of the specified phone number(s).**

Name/Company: \_\_\_\_\_

First Name: \_\_\_\_\_

Street: \_\_\_\_\_

House no.: \_\_\_\_\_

Postal code: \_\_\_\_\_ Place: \_\_\_\_\_

**Geographic area code**

**Phone number(s)** (Please note, at least one phone number must be mentioned)

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**port all numbers  
of the  
connections**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PBXs:**

**Extension no.**

-

**Operator station**

**Number block:**

\_\_\_\_\_

-

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Contracting party and Company Stamp, where applicable

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

Signature: \_\_\_\_\_

to be filled by the end-customer contracting party (EKP) involved

<b>WBCI-GF:</b> _____	<b>ID in advance:</b> _____	<b>Change / Cancellation ID</b> _____
<b>PKI (Public Key Infrastructure) for:</b> _____ <b>Change date:</b> _____ <b>New change date:</b> _____		
<b>Porting time window:</b> <input checked="" type="checkbox"/> 6 - 8 am <input type="checkbox"/> 6 am - noon <input type="checkbox"/> _____		
<b>Feedback to:</b> <u>colt</u> <b>via Fax/email:</b> <u>069/56606-87777</u> <b>Tel.:</b> <u>-5070</u>		
<b>Takeover of resources:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Safe harbor:</b> <input type="checkbox"/>	<b>Cancellation executed:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Consent:</b> ZWA <input type="checkbox"/> NAT <input type="checkbox"/> ADA <input type="checkbox"/>	<b>Date:</b> _____ <b>Actual technology:</b> _____	
<b>WITA:</b> <input type="checkbox"/> <b>S/PRI:</b> <input type="checkbox"/> <b>WITA contract number / Line-ID:</b> _____		
<b>Reason:</b> _____		
<b>Rejection:</b> ADF <input type="checkbox"/> KNI <input type="checkbox"/> VAE <input type="checkbox"/> RNG <input type="checkbox"/> WAI <input type="checkbox"/> AIF <input type="checkbox"/> SON <input type="checkbox"/>		
<b>Geographic area code</b> _____		
<b>Phone number(s) PKI abg</b>	<b>PKI abg</b>	<b>In case of PBXs:</b>
_____ - _____	_____ - _____	<b>Extension no.</b> _____ <b>Operator station</b> _____
_____ - _____	_____ - _____	_____ - _____
_____ - _____	_____ - _____	<b>Number block</b> _____
_____ - _____	_____ - _____	_____ - _____
_____ - _____	_____ - _____	<b>from</b> _____ <b>to</b> _____
_____ - _____	_____ - _____	<b>PKI abg</b> _____
<b>Contact person</b> _____ <b>via Fax/email:</b> _____ <b>Tel.:</b> _____		
<b>Internal remarks</b>   		