

Authorization Form

With this authorization form, the customer grants authorization to a representative or delegate to act on his behalf for requests to Proximus, including the possibility to sign documents and/or contracts related to the subject of the authorization as selected below in this document.

Please fill in the form below with the information related to the customer (the actual beneficiary of the

Both customer and representative must be 18 years or older.

1.1 Customer

Date of birth

First name

Last name

Address



	Customer number (can be found on the invoice)
Пм	lew customer at Proximus
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	Contact phone number
	Email address
Rep	presentative or delegate
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1.3 Subject of the authorization

Signature of the customer	Signature of the delegate
Date: /	Date: / /
This authorization has a validity of 7 calendar days as	from the date of signing by the customer.
The representative hereby agrees to identify himself Proximus in the shop (automated reading of eID or Its representative's first name, last name, date of birth a	sme). Proximus will temporarily store the
The customer hereby agrees to add his identity docurvalidity check by Proximus and to collect his identificated in the shop.	• •
□ Other:	
☐ GDPR Data Subject Rights requests (obta opt-in / opt-out preferences,)	ain information on personal data, change
☐ Obtain information on invoices and paym	ents
☐ Accessing or updating personal data (mo	ve, administrative question or change)
☐ Sales order (provide, amend, or cease pro	oducts)