



POWER OF ATTORNEY

To be filled in by GO Customer:

Date _____

I, the undersigned _____ bearing ID Card/Residence Permit/Passport number _____ and residing at _____ with contact number/s _____ do hereby make, constitute and appoint as my attorney _____ bearing ID Card number _____ and residing at _____ with contact number/s _____ and empower my attorney to apply on my behalf for _____ [insert type of action required] in respect of _____ [insert type of service/s and tariff plan affected] with account/mobile number _____ [insert account number/mobile number of affected service and tariff plan] which is offered by GO plc.

I hereby undertake to approve, ratify and confirm whatsoever my attorney shall lawfully do or cause to be done in accordance with this power of attorney.

Customer's Signature

Signature and stamp of Professional witnessing Customer's signature and identity.*
ID Number: _____
Address: _____

*A "Professional" is any member of the professions holding a valid warrant to practice a profession in Malta issued by a Maltese designated authority or recognised by the Maltese competent authority to carry out a profession.

To be filled in at a GO outlet by the Accepting Attorney of GO Customer:

Date _____

I, the undersigned _____ bearing ID Card/Residence Permit/Passport number _____ and residing at _____ with contact number/s _____ do hereby accept the above-mentioned power of attorney and declare that I am/have been made aware of the importance and consequences of this mandate.

Attorney's Signature

Signature of GO employee witnessing Attorney's signature and identity.
Name and Surname: _____

*****ID Cards of Customer and Accepting Attorney to be presented and verified*****

