

## Proof of Eligibility for Employee Program

To benefit from your company's employee program with Sunrise, please complete this form electronically, sign and print it, and take the printed copy to a Sunrise center. Powers of attorney will not be accepted; the document must be signed by the employee himself/herself and submitted upon presentation of official identification. This form will be scanned by Sunrise and stored in the Sunrise customer system. Proof of eligibility must be presented periodically. Sunrise will inform you about this requirement in due time. If you do not honor this renewal requirement, you will be removed from the employee program after the agreed upon time period.

Please note that the minimum contract duration for mobile subscriptions in the employee program is 12 months. The minimum contract duration starts over when you transfer an already existing mobile subscription to the employee program.

Cancellation of this contract before reaching the minimum contract duration or without complying without the notice period will lead to additional charges being assessed. If you terminate your contract before reaching the minimum contract duration, the total of recurring monthly basic charges for the remaining contract period will be due immediately. In addition, the terms and service descriptions of the employee program and the Sunrise General Terms and Conditions apply.

**Important:** This form must be

1. completed electronically,
2. printed in color in the original A4 format and
3. signed by hand.

# Sunrise

Mr.       Ms.

|   |  |
|---|--|
| First name <input style="width: 90%;" type="text"/>                               | Date of birth <input style="width: 80%;" type="text"/>                     |
| Last name <input style="width: 90%;" type="text"/>                                | Minimum contract duration <input style="width: 40px;" type="text"/> months |
| E-mail <input style="width: 90%;" type="text"/>                                   | Discount according to the current conditions of the employee program       |
| Company name <input style="width: 90%;" type="text"/>                             |  |
| Company address <input style="width: 90%;" type="text"/>                          |  |
| Legally-binding Signature of Employee(s) <input style="width: 90%;" type="text"/> |  |

I hereby confirm that I am an employee of the above company and that am authorized to participate in the employee program. Furthermore, I accept the new minimum contract duration for my mobile subscription.

