

This form is for existing ACN Carrier Pre-Selection customers ONLY.

Please write clearly in capitals using black ink, inside the indicated areas only.
ALL fields in each relevant section MUST be completed.

1 Customer information

Account number

Please enter the last 8 digits of your ACN account number.
Your Account number is stated on your ACN Invoice.

First name or Company name

Last name

Name of contact person

Contact telephone number

Email address

2 Information of the move

Please note that ACN requires at least 10 working days notice of an intended move.

Main Telephone Number

Line type

Date of move

Street

Number

Additional number information

Postal code

Additional address information

City

3 Customer authorisation

I authorise ACN to take all necessary steps to complete my order above. I confirm I understand only complete orders which are in accordance with ACN's general terms and conditions which are available on www.myacn.eu will be completed

Signature _____

Date 