

1. Company information (mandatory)

1a Company name

1b Company account number

11 Digit reference number shown on the top of the company statement

2. Change cardholder information (optional)

2a ING Corporate Card number

Last 4 digits of card number

2b Surname and initials

2c Change existing cardholder name on the ING Corporate Card

(do not use for a new cardholder)

New name. Maximum 21 characters (including spaces). If a replacement card is required, the current card will be blocked (security procedure to prevent two live cards in circulation)

2d New address

2e Postal code

2f Town/City

2g Country

3. Change cardholder bank account details (optional)

3a Old IBAN

3b Old BIC

3c New IBAN

If you opt for direct debit at section 5h, please send a completed and duly signed direct debit form with this form

3d New BIC

4. Change limit and blocking (optional)

4a Permanent change of card limit

New card limit (minimal 1.500). Currency initially chosen at company level

4b Temporary change of card limit (max. 3 months)

New card limit (minimal 1.500). Currency initially chosen at company level

4c until (date)

dd-mm-yyyy

4d Change cash withdrawal

Allowed

Not allowed

4e Early card reissue

Yes

In case the cardholder is absent during the regular replacement, a new card with the same number will be issued earlier

5. Change other particulars (optional)

5a Change correspondence language

Dutch

English

French

German

Spanish

Italian

5b Mobile number (incl. country code)

5c Landline (incl. country code)

5d New E-mail address

The login credentials for the ING Commercial Card portal will be sent to this e-mail address. No email address from a colleague or a general email address such as info@, admin@, etc.

5e Cancel the ING Corporate Card

Yes

5f Replace the ING Corporate Card

Yes

If a replacement card is required, the current card will be blocked. (Security procedure to prevent two live cards in circulation)

5g Provide PIN code reminder

Yes

5h Change payment method Individual Pay

Credit transfer

Direct debit

From the date of the monthly statement, a payment term of 25 days applies as per standard for a program based on Individual Pay practice, and 28 days for a direct debit (unless otherwise agreed). In the case of direct debit, send a completely filled in and properly signed direct debit form together with this form

6. Signature Programme Administrator (mandatory)

6a Surname and initials

6b Date

dd-mm-yyyy

6c Town/City

6d Signature

7. Mailing address and what to send

Checklist of items to be sent:

- This form completed and duly signed
- if you have chosen for the direct debit payment option, a direct debit form, completed and duly signed

Please send all items to:

ING Corporate Card
PO Box 22005
NL-8900 KA Leeuwarden
The Netherlands

or scan everything and mail to corporate.card.backoffice.nl@ing.com

1. Account owner

- 1a Name
Name of company (Corporate Pay) or person (Individual Pay) to whom the statement is addressed
- 1b Address
- 1c Postcode and town/city
- 1d Country
-

2. Creditor

- 2a Name
- 2b Address
- 2c Creditor ID
-

3. Reference of payment

- 3a Reference
- 3b Type of payment
- 3c Collection frequency
-

4. Bank information

If you have chosen Corporate Pay, please fill out the company's bank data here. For an Individual Pay Mandate, please fill out the cardholder bank data here.

- 4a IBAN
- 4b BIC
- 4c Bank name
-

5. Authorisation direct debit

By signing this mandate form, you authorise (A) ING Corporate Card to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from ING Corporate Card. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Sa Date	<input type="text"/>	dd-mm-yyyy
Sb Town/City	<input type="text"/>	
Sc Surname and initials account owner	<input type="text"/>	
Sd Signature account owner	<input type="text"/>	
Se Surname and initials 2nd account owner	<input type="text"/>	
	if applicable	
Sf Signature 2nd account owner	<input type="text"/>	
	<input type="text"/>	
	if applicable	

6. To be completed by the creditor (ING)

6a Mandate reference

7. Mailing address

Please send this form together with the application or mutation form to: ING Corporate Card, PO Box 22005, NL-8900 KA Leeuwarden, The Netherlands; or scan all documents and mail to corporate.card.backoffice.nl@ing.com
