

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 company contact details (optional)

2a New company name

Change of company name is only possible when the Chamber of Commerce number does not change. Please also send in a recent certificate of registry

2b New name on cards

Maximum 21 characters (including spaces)

2c New name on existing cards? No Yes

If you would like the new name on your existing cards, all cards will be blocked first before replacement. This means your cardholders are temporarily unable to use their cards

2d New address

2e Postal code

2f Town/City

2g Country

7g Paper statement for all cardholders

Yes

No

For the cost of paper statements see brochure 'Tariffs ING Corporate Card'.

7h Change of destination for card dispatch

Employee

Programme Administrator, name _____

7i Cancel ING Corporate Card Programme (all cards)

Yes

All cards will be blocked immediately and can no longer be used

8. Signature Programme Administrator (mandatory)

8a Surname and initials

8b Date

□□□□□□□□

dd-mm-yyyy

8c Town/City

8d Signature

9. Signature company (optional)

This form must also be signed by the authorised signatory/signatories of the company in case of adding a Programme Administrator (the company declares that it established the identity and the signature of the added Programme Administrator(s) on the basis of a valid identity document)

9a Name authorised signatory of the contracting party

9b Position

9c Date

□□□□□□□□

dd-mm-yyyy

9d Town/City

9e Signature authorised signatory

9f Name authorised signatory 2

9g Position

9h Date

□□□□□□□□

dd-mm-yyyy

9i Town/City

9j Signature authorised signatory 2

10. 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"/>	
	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
