ING Corporate Card Programme
Central Travel Solution
Change company details

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 address

2c Postal code

2d Town/City

2e Country

2f How should your company name appear on the CTS account?

Maximum 21 characters (including spaces).

3. Change travel agent details (optional)

3a Company name

3b Company registration number

3c Name contact person

3d Mobile number (incl. country code)

+

3e E-mail address, work

3f Address

3g Postal code

3h Town/City

3i Country

4. Change Programme Administrator details 1 (optional)

4a Add/delete Programme Administrator or change information

- ◯ Add
- ◯ Delete
- ◯ Change information
- ◯ Read-only access to the ING Commercial Card portal

4b Surname and initials

4c Gender ◯ Male ◯ Female

4d Date of birth – – dd-mm-yyyy

4e Password

We will ask for your password whenever you call us. Your password should have no more than 12 characters.

Please continue on the next page.

4. Change Programme Administrator details 1 (optional) (continuation)

4f Mobile number (incl. country code) +

4g Landline (incl. country code) +

4h New E-mail address

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

4i Signature*

5. Change Programme Administrator details 2 (optional)

5a Add/delete Programme Administrator or change information

- ◯ Add
- ◯ Delete
- ◯ Change information
- ◯ Read-only access to the ING Commercial Card portal

5b Surname and initials

5c Gender ◯ Male ◯ Female

5d Date of birth – – dd-mm-yyyy

5e Password

We will ask for your password whenever you call us. Your password should have no more than 12 characters.

5f Mobile number (incl. country code) +

5g Landline (incl. country code) +

5h New E-mail address

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

5i Signature*

* Sign

There are two ways to sign this form:
- Print the form, sign it, scan the signed form and return it by email.
- Alternatively, sign the form directly using your pointing device (mouse), touchpad (laptop) or tablet, save it and return it to us by email.

The form can be signed digitally using a program such as Adobe Acrobat Reader (available free of charge).

Please continue on the next page.

6. Change payment method (optional)

6a Change payment method

◯ Credit transfer

◯ Direct debit

From the date of the monthly statement, a payment term of 10 days applies for a program based on Corporate Pay (unless otherwise agreed), irrespective of the selected payment method. In the case of direct debit, you should send a completely filled in and properly signed direct debit form together with this form.

6b Old IBAN

6c Old BIC

6d New IBAN

If you opt for direct debit at section **6a**, please send a completed and duly signed direct debit form with this form.

6e New BIC

7. Change limit (optional)

Currency as used in original application.

7a Permanent change company monthly limit

7b Temporary change company monthly limit (max. 3 months)

7c from (date) – – dd-mm-yyyy

7d until (date) – – dd-mm-yyyy

8. Other particulars (optional)

8a Change correspondence language

◯ Nederlands / Dutch ◯ Engels / English ◯ Frans / French

◯ Duits / German ◯ Spaans / Spanish ◯ Italiaans / Italian

8b Change of destination for card dispatch

8c Who should we send the ING Corporate Cards to?

◯ Authorised employee or representative of the department

◯ Programme Administrator, name _____

8d Cancel ING Corporate Card Programme (all cards)

◯ Yes

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

Please continue on the next page.

9. Signature Programme Administrator (mandatory)

9a Surname and initials

9b Date – – dd-mm-yyyy

9c Town/City

9d Signature*

10. 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)

10a Name authorised signatory 1

10b Position

10c Date – – dd-mm-yyyy

10d Town/City

10e Signature authorised signatory 1*

10f Name authorised signatory 2

10g Position

10h Date – – dd-mm-yyyy

10i Town/City

10j Signature authorised signatory 2*

* **Sign**

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Please continue on the next page.

11. 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 your ING Commercial Cards sales manager.
You can also email it to: corporate.card.backoffice.nl@ing.com

ING Bank N.V. has its registered office at Bijlmerplein 888, 1102 MG Amsterdam, the Netherlands, commercial register no. 33031431 in Amsterdam. ING Bank N.V. is registered with De Nederlandsche Bank (DNB) and the Financial Markets Authority (AFM) in the Credit Institutions and Financial Institutions Register. ING Bank N.V. is also subject to the supervision of the Authority for Consumers & Markets (ACM). For more information regarding the supervision of ING Bank N.V., please contact DNB (www.dnb.nl), the AFM (www.afm.nl) or the ACM (www.acm.nl).

ING Corporate Card Programme
SEPA direct debit mandate

1. Account owner

1a Name

Name of company (Corporate Pay) or person (Individual Pay) to whom the statement is addressed.

1b Address

1c Postal code

1d Town/City

1e Country

2. Creditor

2a Name ING Bank N.V./ ING Corporate Card

2b Address Bijlmerdreef 106, 1102 CT Amsterdam, The Netherlands

2c Creditor ID NL92ZZZ330314310200

3. Reference of payment

3a Reference ING Corporate Card

3b Type of payment Recurrent

3c Collection frequency Monthly

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

ICC009-2604

Please continue on the next page.

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.

5a Date ☐☐ – ☐☐ – ☐☐☐☐ dd-mm-yyyy

5b Town/City _____

5c Surname and initials account owner _____

5d Signature account owner* _____

5e Surname and initials 2nd account owner** _____

5f Signature 2nd account owner* _____

** 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
You can also email it to: corporate.card.backoffice.nl@ing.com

* Sign

There are two ways to sign this form:
- Print the form, sign it, scan the signed form and return it by email.
- Alternatively, sign the form directly using your pointing device (mouse), touchpad (laptop) or tablet, save it and return it to us by email.

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