ING Corporate Card Programme Corporate and Individual Pay





| Ι. | Company information (man | autory) |
|----|--|---|
| 1a | Company name | |
| 1b | Company account number | |
| | | 11 Digit reference number shown on the top of the company statement. |
| 1c | Country of incorporation | |
| 2. | Change company contact d | etails (optional) |
| 2α | 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 | 000000000000000000000000000000000000000 |
| | | 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 | |
| | | |
| 3. | Change Programme Adminis | strator details 1 (optional) |
| 3a | Add/delete Programme Administrator or change information | Add |
| | | O Delete |
| | | Change information |
| | | Read-only access to the ING Commercial Card portal |
| 3b | Surname and initials | |
| 3с | Gender | Male Female |
| 3d | Date of birth | dd-mm-yyyy |
| 3e | Password | 0000000000 |
| | | We will ask for your password whenever you call us. Your password should have no more than 12 characters. |
| 3f | Mobile number (incl. country code) | +CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| 3g | Landline (incl. country code) | +00000000000000000000000000000000000000 |

| 5. | Change Programme Admini | strator details 1 (optional) (continuation) |
|----|--|--|
| 3h | 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. |
| 3i | Signature | |
| | | |
| | | |
| | | |
| 4. | Change Programme Admini | strator details 2 (optional) |
| 4a | Add/delete Programme Administrator or change information | Add |
| | | O Delete |
| | | Change information |
| | | Read-only access to the ING Commercial Card portal |
| 4b | Surname and initials | |
| 4c | Gender | Male Female |
| 4d | Date of birth | CC - CC - dd-mm-yyyy |
| 4e | Password | 0000000000 |
| | | We will ask for your password whenever you call us. Your password should have no more than 12 characters. |
| 4f | Mobile number (incl. country code) | +00000000000000000000000000000000000000 |
| 4g | Landline (incl. country code) | +00000000000000000000000000000000000000 |
| 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 payment method (a | pptional) |
| 5α | Change payment method | Credit transfer |
| | | O 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. In case of Individual Pay, the cardholder has selected the payment method themselves. A standard payment term of 25 days applies for a transfer and 28 days for a direct debit (unless otherwise agreed). This form does not alter the payment method of the cardholder. |

6. Change limit (optional) Currency as used in original application. **6a** Permanent change company monthly limit Temporary change company monthly limit (max. 3 months) 6c from (date) dd-mm-yyyy dd-mm-yyyy 6d until (date) Other particulars (optional) 7a Old IBAN 7b Old BIC 7c New IBAN If you opt for direct debit at section 5a, please send a completed and duly signed direct debit form with this form. 7d New BIC **7e** Change correspondence O Dutch language English French German Spanish Italian Paper statement for Yes O No the company For the cost of paper statements see brochure 'Tariffs ING Corporate Card'. **7g** Paper statement O Yes for all cardholders For the cost of paper statements see brochure 'Tariffs ING Corporate Card'. **7h** Change of destination Employee for card dispatch Programme Administrator, name Cancel ING Corporate Card O Yes Programme (all cards) All cards will be blocked immediately and can no longer be used. Signature Programme Administrator (mandatory) 8a Date dd-mm-yyyy 8b Town/City 8c Surname and initials 8d Signature

9. Signature company (Mandatory in case of adding a Program Administrator)

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 | Date | dd-mm-yyyy |
|----------|--|----------------------|
| 9b | Town/City | |
| 9с | Name authorised signatory of the contracting party | |
| 9d | Position | |
| 9e | Signature authorised signatory | |
| | | |
| | | |
| | | |
| 9f | Date | CC - CC - dd-mm-yyyy |
| | Dute | da min gggg |
| 9g | Town/City | |
| _ | | |
| 9h | Town/City | |
| 9h 9i | Town/City Name authorised signatory 2 | da min gggg |
| 9h 9i | Town/City Name authorised signatory 2 Position | |
| 9h 9i | Town/City Name authorised signatory 2 Position | |

10. Mailing address and what to send

Checklist of items to be sent:

- This form completed and duly signed
- Company name change: a recent certificate of registry
- If you have chosen for the direct debit payment option, a direct debit form, has to be completed and duly signed. Please send the original direct debit form to ING by postal mail!

Please send all items to: ING Corporate Card PO Box 22005 8900 KA Leeuwarden The Netherlands

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

Send the direct debit form by mail!



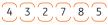
ING Corporate Card Programme

Instruction to your bank or building society to pay by direct debit (UK)



1. Beneficiary

ING Bank N.V. Bijlmerdreef 106 1102 CT Amsterdam Service user number





| | The Netherlands | |
|-----|---|---|
| 2. | Name(s) of account holder(s) | |
| 2α | Name of account holder | |
| 2b | Name of account holder 2* | |
| | *If applicable. | |
| 3. | Bank or building society detail | ls |
| 3a | Account number | CCCCCCCC |
| 3b | Branch sort code | CCCCCC |
| 3с | Name | |
| 3d | Address | |
| 3e | Postal code | |
| 4. | Reference of payment (to be a | completed by ING) |
| 4a | Reference of payment | |
| Ple | arantee. I understand that this instru | ilding society rom the account detailed in this instruction subject to the safeguards assured by the direct debit uction may remain with ING Bank N.V. and, if so, details will be passed electronically to my bank/ |
| | lding society. Date | |
| | | dd-mm-yyyy |
| 30 | Signature(s) | |
| 6. | For ING Bank N.V. Official use of | only |
| Thi | s is not part of the instruction to you ne types of account. | ur bank or building society Banks and building society's may not accept direct debit instructions for |
| | | t Bijlmerdreef 106, 1102 CT Amsterdam, the Netherlands, commercial register no. 33031431 in 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).

This guarantee should be detached and retained by the payer

The direct debit guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
 If there are any changes to the amount, date or frequency of your direct debit, ING Bank N.V. will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request ING Bank N.V. to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit by ING Bank N.V. or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 You can cancel a direct debit at any time by simply contacting your bank or building society. Written
- confirmation may be required. Please also notify us.

