

ING Corporate Card Programme
Corporate and Individual Pay
Change cardholder information



1. Company information (mandatory)

- 1a Company name
- 1b Company account number
11 Digit reference number shown on the top of the company statement.
- 1c Country of incorporation

2. Cardholder information

Cardholder information (mandatory)

- 2a ING Corporate Card number Last 4 digits of card number.
- 2b Surname and initials
- 2c Full first names as they are shown on your identity document

Change cardholder information (optional)

- 2d 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).
- 2e New address
- 2f Postal code
- 2g Town/City
- 2h 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.

Please continue on the next page.

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 email 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.

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 Reason replacement card

5h Provide PIN code reminder Yes

5i 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 Date - - dd-mm-yyyy

6b Town/City

6c Surname and initials

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
8900 KA Leeuwarden
The Netherlands

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

ING Bank N.V. has its registered office at Bijlmerdreef 106, 1102 CT 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).



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 _____

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.

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
8900 KA Leeuwarden
The Netherlands

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

