ING Corporate Card Programme Central Travel Solution Change company details



1. Company information (mandatory)

1a Company name	
1b Company account number	
10 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?	COCCERCICE (incluing 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 Add	Delete	Change information	Read-only access to the ING Commerial Card portal
4b	Surname and initials				,
4c	Gender	Male		Female	
4d	Date of birth	000000		nm-yyyy	
4e	Password				
		We will ask for your than 12 characters	password whenever y	ou call us. Your passi	word should have no more
4f	Mobile number (incl. country code)				
4g	Landline (incl. country code)				
4h	New E-mail address				
		The login credentials No email address fro	s for the ING Commen om a colleague or a gi	ial Card portal will be eneral email address :	e send to this e-mail address. such as info@, admin@, etc.
4i	Signature	r		1	
		L		J	

5. Change Programme Administrator details 2 (optional)

Sa	Add/delete Programme Administrator or change information	Add	Delete	Change information	Read-only access to the ING Commerial Card portal
5b	Surname and initials				
Sc	Gender	Male		Female	
	Date of birth Password				vord should have no more
Sf	Mobile number (incl. country code)				
Sg	Landline (incl. country code)				

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

6. Change payment method (optional)

6a Change payment method	Credit transfer	Direct debit
	based on Corporate Pau (unless otherwis	t, a payment term of 10 days applies for a program se agreed), irrespective of the selected payment should send a completely filled in and properly is form.
6b Old IBAN		
6c Old BIC		2
6d New IBAN	If you apt for direct debit at section 6a, p	Research and duy signed direct debit
6e New BIC		

7. Change limit (optional)

Currencu as used in original application

7a	Permanent change company monthly limit	200000			
7ь	Temporary change company monthly limit (max. 3 months)	22222			
7c	from (date)	000000		dd-mm-yyyy	
7d	until (date)	200000		dd-mm-yyyy	
	Other particulars (optional)				
о.	outer puruculuis (opuonal)				
8a	Change correspondence language	Dutch	English	French	German
		Spanish	🗌 Italian		
8b	Paper statement for the company	Yes		No No	

8c Who should we send the ING	Authorised employee or
Corporate Cards to?	representative of the department
	Programme Administrator, name
8d Cancel ING Corporate Card	Yes
Programme (all cards)	All cards will be blocked immediately and can no longer be used

9. Signature Programme Administrator (mandatory)

9a	Surname and initials		
9b	Date		dd-mm-yyyy
9c	Town/City		
9d	Signature	r	

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)

10aName authorised signatory 1	<u>.</u>	
10b Position		
10c Date 10d Town/City	22222222	dd-mm-yyyy
10e Signature authorised signatory 1		
	L	
10f Name authorised signatory 2		
10g Position		
10hDate	000000000	dd-mm-yyyy
10i Town/City	·	
10j Signature authorised signatory 2	[
	L	

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.

MG Beni NU has its registered office at Billmanpien B88, 1102 MG Amsterdam, the Netherlands, communical ingister on 32011431 in Amsterdam. NB Benirk XU is registered with De Netherlandsches Benirk (MS) and the Francis Markets Authority (AMI) in the Credit Institutions and Financial Institutions Register. INS Benirk NU is also subject to the supervision of the Authority for Consumers & Market (AUM). For more information registing the supervision of NR Benirk NU, is also subject to the supervision of the Authority for Consumers & Market (AUM). For more information registing the supervision of NR Benirk NU, is also subject to the supervision of the Authority of the ACM (avexamm).

ING Corporate Card Programme





1a	Name	
		name of company (corporate 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		
30	Reference	<u> </u>	
3b	Type of payment	<u> </u>	,
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) NG Carponte Card to send instructions to your bank to debt your account and (B) your bank to debt your account in accordance with the instructions from NG Carponte Card. As port 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 tha date on which your account was debited.

Sa Date

dd-mm-yyyy

5b	Tawn/City	·	,	
Sc	Surname and initials account awner			
5d	Signature account owner			
5e	Surname and initials 2nd account owner	if applicable		
Sf	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; or scan all documents and mail to support.corporate.card@ing.nl

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