## ING Corporate Card Programme Corporate and Individual Pay





1.	Company information (mandatory)		
1a	Company name		
1b	Company account number	0000000000	
		11 Digit reference number shown on the top of the company statement.	
1c	Country of corporation		
2.	Cardholder information		
Car	dholder information (mandatory)		
2α	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		
Cho	ınge cardholder information (optic	onal)	
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 acco	unt details (optional)	
3a	Old IBAN		
3b	Old BIC		
3с	New IBAN		
3d	New BIC		
4.	Change limit and blocking (optional)		
4a	Permanent change of card limit	000000	
		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.	
4с	until (date)	dd-mm-yyyy	
4d	Change cash withdrawal	Allowed	
		○ Not allowed	

4.	Change limit and blocking (optional) (continuation)		
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.	
5.	Change other particulars (optional)		
5α	Change correspondence language	O Dutch	
	language	English	
		French	
		○ German	
		○ Spanish	
		○ Italian	
5b	Mobile number (incl. country code)	+00000000000000000000000000000000000000	
5c	Landline (incl. country code)	+00000000000000000000000000000000000000	
5d	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.	
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	
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).



# **ING Corporate Card Programme**

## SEPA direct debit mandate



1.	Account owner	
1α	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	
2α	Name	
2b	Address	
2c	Creditor ID	
3.	Reference of payment	
3α	Reference	
3b	Type of payment	
3с	Collection frequency	
4.	Bank information	
If y bar	ou have chosen Corporate Pay, plea nk data here.	ise fill out the company's bank data here. For an Individual Pay Mandate, please fill out the cardholder
4a	IBAN	
4b	BIC	0000000000
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.

5α	Date	dd-mm-yyyy
5b	Town/City	
5c	Surname and initials account owner	
5d	Signature account owner	
E.o.	Surname and initials	
Je	2 <sup>nd</sup> account owner*	
5f	Signature 2 <sup>nd</sup> account owner*	
* If	applicable.	
6.	To be completed by the credit	or (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

