

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 name on cards
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 Administrator details 1 (optional)

3a Add/delete Programme Administrator or change information Add
 Delete
 Change information
 Read-only access to the ING Commercial Card portal

3b Surname and initials

3c Gender Male Female

3d Date of birth - - dd-mm-yyyy

3e Password
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) +

3g Landline (incl. country code) +

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

Please continue on the next page.

4. Change Programme Administrator details 2 (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.

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 payment method (optional)

- 5a 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. 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

6b Temporary change company monthly limit (max. 3 months)

6c from (date) - - dd-mm-yyyy

6d until (date) - - dd-mm-yyyy

7. 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 language

Dutch

English

French

German

Spanish

Italian

7f Paper statement for the company Yes No

For the cost of paper statements see brochure 'Tariffs ING Corporate Card'.

7g Paper statement for all cardholders Yes No

For the cost of paper statements see brochure 'Tariffs ING Corporate Card'.

7h Change of destination for card dispatch

Employee

Programme Administrator, name

7i Cancel ING Corporate Card Programme (all cards) Yes

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

8. 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	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd-mm-yyyy
9b	Town/City	<input type="text"/>	
9c	Name authorised signatory of the contracting party	<input type="text"/>	
9d	Position	<input type="text"/>	
9e	Signature authorised signatory	<input type="text"/>	
9f	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd-mm-yyyy
9g	Town/City	<input type="text"/>	
9h	Name authorised signatory 2	<input type="text"/>	
9i	Position	<input type="text"/>	
9j	Signature authorised signatory 2	<input type="text"/>	

10. 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



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

