

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

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
- 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
The Netherlands

Service user number

4 3 2 7 8 5



2. Name(s) of account holder(s)

2a Name of account holder

2b Name of account holder 2*

*If applicable.

3. Bank or building society details

3a Account number

3b Branch sort code

3c Name

3d Address

3e Postal code

4. Reference of payment (to be completed by ING)

4a Reference of payment

5. Instruction to your bank or building society

Please pay ING Bank N.V. direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with ING Bank N.V. and, if so, details will be passed electronically to my bank/building society.

5a Date

- - dd-mm-yyyy

5b Signature(s)

6. For ING Bank N.V. Official use only

This is not part of the instruction to your bank or building society. Banks and building society's may not accept direct debit instructions for some types of account.

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).



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.

