

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 address

2c Postal code

2d Town/City

2e Country

2f How should your company name appear on the CTS account?

Maximum 21 characters (including 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

8c Who should we send the ING Corporate Cards to?

Authorised employee or representative of the department

Programme Administrator, name _____

8d Cancel ING Corporate Card Programme (all cards)

Yes

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

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)

10a Name authorised signatory 1 _____

10b Position _____

10c Date dd-mm-yyyy

10d Town/City _____

10e Signature authorised signatory 1

10f Name authorised signatory 2 _____

10g Position _____

10h Date dd-mm-yyyy

10i Town/City _____

10j Signature authorised signatory 2

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.

1. Account owner

- 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

- 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
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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
-

- Sb Town/City
- Sc Surname and initials account owner
- Sd Signature account owner
- Se 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
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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
