

Change Address

Use this form to change your address as registered at European Merchant Services (EMS).

Compulsory fields are indicated by an *

Your registration no*: _____

(The EMS Registration Number can be found on your Acceptance Agreement or in the description of EMS payments on your bank statement after 'Merchant ID').

Customer details

Trade name * _____ *Maximum of 22 characters*
Legal name * _____ *Maximum of 35 characters*
Contact person * Mr. Mrs. _____
E-mail address * _____
Business address * _____
Postal code and city* _____
Telephone number* _____
Fax number _____
Mailing address * _____
Postal code* _____ City _____

New details

Business address * _____
Postal code and city* _____
E-mail address* _____
Telephone number* _____
Fax number _____
Mailing address * _____
Postal code* _____ City _____

New address valid starting* (dd-mm-yyyy) _____
Date of signature (dd-mm-yyyy) _____
Name of authorized signatory _____
Signature _____

Note:

We can only process this form if all the correct fields have been completed properly.

- This form must be signed by an authorized signatory.

Please send the change form to European Merchant Services, P.O. box 22764, 1100 DG Amsterdam. Or send it by e-mail to account@emspay.eu