

Change Company Name

Use this form to change your company name as registered at European Merchant Services (EMS). NOTE: if your registration number at your local chamber of commerce changes, or the authorized signatory changes, please request a new contract.

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

Trade name _____ *Maximum of 22 characters*

Legal name _____ *Maximum of 35 characters*

Change of ownership? Yes / No _____

New details valid from (dd-mm-yyyy) _____

Date of signature (dd-mm-yyyy) _____

Name of authorised 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