

Change Form

Please submit to:
E-mail: posinfo.ch@six-payment-services.com; fax: 0848 000 114
For e-commerce: onlinepayment@six-payment-services.com

Merchant

For queries Phone _____ E-mail _____

Company data (new) Street/no. _____
 Postal code/city _____ UID CHE-_____ MWST
 Phone _____ E-mail _____
 www. _____ PSP _____

Contact person (new) Headquarter Location Replacement for _____
 Ms Mr First name _____ Last name _____ Function _____
 Phone _____ E-mail _____

Short address For cardholder statement (max. 21 characters) _____

Legal representative (new)

Ms Mr First name _____ Last name _____
 Phone _____ Function _____

Private address Street/no. _____
 Postal code/city _____ Country _____

Please enclose a copy of a valid personal document (passport, ID).

Existing terminal location (new details)

(DOES NOT APPLY TO E-COMMERCE) TID(s) _____

As company address Commercial name _____
 Street/no. _____
 Postal code/city _____

Sales slip (new) _____ New logo in _____ format enclosed

Commercial name, ZIP and city as location address _____

Account data (new)

Additional New, replacing account _____ Main Merchant account Branch account

Pay-in slip enclosed Financial institution _____
 Currency _____ Postal code/city _____ Country _____
 IBAN _____ BIC/Swift _____ (8 or 11 digits)
 Account holder _____
 Street/no. _____
 Postal code/city _____ Country _____

Settlement type (new) Settlement all Settlement per means of payment (surcharge applies)

Correspondence (new)

DE FR IT EN

Differing addresses Company _____ FAO _____
 Correspondence/P.O. Box Street/no. _____ P.O. Box no. _____
 Invoices Postal code/city _____ Country _____
 Delivery address material E-mail new additional _____
 Credit notices paper
 Credit notices PDF
 Chargebacks

Reimbursement notice type (new): Reimbursement summary Reimbursement summary by branch
 Daily closing level by branch Transaction details

The Merchant confirms the accuracy of the aforementioned declarations. **Changes valid as from** _____
 SIX Payment Services is entitled to invoice the Merchant for any expenses incurred in relation to the changes.

Date and place _____ Signature(s) of the Merchant's legal representative(s) * _____

* First and last name(s) in block letters _____