



Change Form (EULUX)

Please submit to:
E-mail: info.cwe@six-payment-services.com; Fax: +49 69 95 932 2726
For e-commerce: onlinepayment@six-payment-services.com

Merchant

For queries Phone E-mail

Company data (new) Street/no.
Postal code/city Country
Phone E-mail
www.
Legal form VAT ID

Contact person (new) Headquarter Branch/location Replacement for
 Ms Mr First name Last name Function
Phone E-mail

Short address For cardholder statement (max. 21 characters)

Legal representative (new) Replacement for
 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) TID(s)

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

Sales slip (new) Commercial name, postal code and city as location address
 (max. 24 characters per line)

Account data (new) Additional New, replacing account Main Merchant account Branch account
Currency Financial institution BIC/Swift
Postal code/city Country (8 or 11 digits)
IBAN

Account holder
Street/no.
Postal code/city Country

Please enclose confirmation of bank relation or recent account statement.

Correspondence (new) Language To main Merchant address To addresses according to attached list

Differing address Company FAO
 Correspondence/P.O. Box Street/no.
 Invoices Postal code/city Country
 Chargebacks E-mail new additional
 Reimbursement notices PDF Reimbursement notice type (new): Reimbursement summary by branch (recap) Transaction level (detailed)
 Daily closing level by branch (summary)

The Merchant confirms the accuracy of the aforementioned data. **Changes valid as from**
SIX Payment Services is entitled to invoice the Merchant for the expenses associated with these changes.

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

* First and last name(s) in block letters