

Change Form (POL)

Please submit to: Partner/Account ID _____
E-mail: customerservices@worldline.com
For e-commerce: cs.ecom@worldline.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 _____ (8 or 11 digits)
 Postal code/city _____ Country _____
 IBAN _____

Account holder Street/no. _____
 Postal code/city _____ Country _____

Please enclose confirmation of bank relation or recent account statement.

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

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

The Merchant confirms the accuracy of the aforementioned data. **Changes valid as from** _____
 Worldline Financial Services (Europe) S.A. 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 _____