



Change form for Merchants

Company _____ Merchant No. _____

For queries Phone _____ E-mail _____

**CHANGE OF
MASTER DATA**

Previous master data

New master data as of _____

Company _____	Company _____
Street + No. _____	Street + No. _____
P.O. Box No. _____	P.O. Box No. _____
Postal code / City _____	Postal code / City _____
Country _____ Language _____	Country _____ Language _____
VAT no. _____	VAT no. _____
Phone _____	Phone _____
Fax _____	Fax _____
E-mail _____	E-mail _____
Website www. _____	Website www. _____

**CHANGE OF
CONTACT PERSON**

Previous contact person

New contact person as of _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. First name _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. First name _____
Last name _____	Last name _____
Function _____	Function _____
Direct line _____	Direct line _____
Direct e-mail _____	Direct e-mail _____

**CHANGE OF
ACCOUNT INFO**

Previous account info

New account info as of _____

Name of the bank _____	Name of the bank _____
Postal code / City _____	Postal code / City _____
Country _____	Country _____
Account holder _____	Account holder _____
Street + No. _____	Street + No. _____
Postal code / City _____	Postal code / City _____
Country _____	Country _____
IBAN _____	IBAN _____
BIC (SWIFT) _____	BIC (SWIFT) _____
Currency (according to contract) _____	Currency (according to contract) _____

Place and Date _____ The Merchant's legal signature(s)* _____

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

Please submit the duly signed form by
Fax: +352 20 880 228, e-mail: info.cwe@six-payment-services.com or post:
SIX Payment Services, Merchant Service International, Hardturmstrasse 201, P.O.Box, CH-8021 Zurich

