

Name and address change request

Please complete in capital letters

1

MID number

New legal entity

If you tick "Yes" to new legal entity or new owner, we will contact you for additional information.

Yes No

New owner

Yes No

Ownership Type

Sole Trader

Partnership; No. of Partners:

Private Limited Company

Public Limited Company

Limited Liability Partnership

Charity

Other (please specify):

New Legal/Registered Name and Address:

Postcode

New Trading Name and Address:

Postcode

New address should be used for following correspondence

Statements:

Legal

Trading

Other (please specify)

Chargeback:

Legal

Trading

Other (please specify)

Communications:

Legal

Trading

Other (please specify)

Authorised signatory

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I hereby confirm that I am authorised to sign on behalf of the company in relation to this request.

Authorised signatory (Please sign the form before submission)



Full Name & Title (Please complete in capital letters)

Phone number

Mobile

Email

Date

Position in Business

Please send the completed form to:

Return Address: Elavon Merchant Services PO Box 466 Brighton BN50 9AW United Kingdom

Fax: 0044 (0) 1273734017 **email:** documents@elavon.com

I confirm that the above changes can be shared with my referral partner and any relevant third party entity used by Elavon to process the new details