

CHANGE OF existing agreement Acquiring of Card Transactions Card Present

Swedbank Pay PL 1107 00101 HELSINKI

Merchant ID	Co.reg.no (in case of change of company a new agreement must be signed)	
Changes concern (Specify the new informati	on)	
Merchant name,max 22 characters (printed on customer rece	Merchant telephone number(printed on customer receipt)	
Merchant address (printed on customer receipt)	Postal code and city (printed on customer receipt)	
Contact person	E-mail adress and/or telephone number	
Name of company (legal title)	Telephone number and/or mobile phone number	
Postal address	Postal code and city	
Contact person (Company)	E-mail adress (Company)	
Change of account number, please specify		
Clearing number	Account number Bank ²	
New account number ¹		
Contact person from local branch and telephone number (incl	. area code) Clearing/Bank ID	
 Account number must belong to the above co. reg In the case of an account with a bank other than S 		
Changes apply from		
Other		
Signatures		
Date Authorised signatory*		
Name, printed		
A certify copy of ID document needs to be attached! *In the case of organisations, co-operative economic associat	ions and similar, an official record must be attached that shows who is entitled to sign the agreement	

Swedbank Pay Support 020 746 9120



COPY OF ID DOCUMENT

Name of company (legal title)	Co. reg. no.	Merchant ID (to be entered by Swedbank Pay)
Space for copy	of valid Finnish ID document (p	passport)
Note! Photograph, per	sonal data and signature mus	st appear clearly.

This photocopied ID document must be certified by two (2) persons.

I hereby certify (witness) the authenticity of the above copy of the ID document.

Person 1	Person 2
Date	Date
Signature	Signature
Name, printed	Name, printed
Personal ID number	Personal ID number
Street address	Street address
Postal code and town	Postal code and town
Telephone no (including area code)	Telephone no (including area code)