

Merchant ID (to be entered by Swedbank Pay)

The Customer

Merchant name, max 22 characters	E-mail address	
Merchant address	Postal code and city	
Name of company (legal title)	Co. reg. no.	
Postal address, postal code and city	Telephone number and/or mobile phone number	

Merchant Portal

The Merchant Portal web service provides a running overview of your company's Transactions, service charges, and electronic documents. The service is free of charge.

The user's first and last name*	Access ID (to be entered by Swedbank Pay)
The user's e-mail address	
Documents by mail	
<input type="checkbox"/> Wishes documents to be additionally sent by post	

* The user stated in this Supplementary Agreement administers and is responsible for all the Customer's other users in respect of new registrations, amendments and deletions.
If the Customer does not complete the above field, Swedbank Pay will not activate the service. Swedbank Pay may charge an Service fee for documents that are sent by mail

Other

If there are several Merchant ID's associated with the above co. reg. no, all Merchant IDs will be connected to Merchant Portal.

Signatures

The terms and regulations set out in the Agreement apply to this Supplementary Agreement. This Supplementary Agreement enters into force on the first Banking Day of the month following the month in which the Supplementary Agreement signed by the Customer is considered to have been received by Swedbank Pay in accordance with the General Terms.

Date
The Customer, signature of authorised signatory**
Name, printed and telephone number

A certify copy of ID document needs to be attached!

**In the case of organisations, co-operative economic associations and similar, an official record must be attached that shows who is entitled to sign the agreement

Name of company (legal title)	Co. reg. no.	Merchant ID (to be entered by Swedbank Pay)
Space for copy of valid Finnish ID document (passport)		
Note! Photograph, personal data and signature must 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)



Supplementary Agreement Merchant Portal

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