nexi

Customer master data

(Please only fill in fields that have changed)

Please email to <u>service@nexigroup.com</u>

Business partner No.			Τe	Terminal-ID				
Change request								
Address	Contact details			□ Others				
Company								
Legal form Sole trader 🗌 Ltd 🔲 plc 🔲 Non-commercial partnership 🔲 General partnership 🔲 Limited 🔲 Partnership 🔲								
Company name				Industry, products and/or services				
Street address (no PO boxes), Town/City, Country, Postcode								
Alternative delivery address: Street address (no PO boxes), Town/City, Country, Postcode								
Proprietor if sole trader, or company name as entered in the commercial register				Names of all directors/board members on a separate sheet if necessary				
Commercial register No./Court of registration/Business No. (copy attached)				Cardholder name (max. 22 characters)				
Telephone No. with (country and) area code				Fax No. with (country and) area code				
Homepage				Email address				
Only for sole traders and partners of a non-commercial partnership (please enclose a separate list with the names and personal details of all partners):								
Home address: Street address (no PO boxes), town/city, country, postcode					Place of birth	1	Date of birth (DD/MM/YYYY)	
Type of document ID card Passport				ority	Nationality		Valid until (DD/MM/YYYY)	
Beneficial owner (the person/persons in control of the company or to whom it belongs.) If more than one person is the beneficial owner of a company, please give the names of all owners on a separate sheet.								
It is hereby confirmed that the business relationship is not being opened on behalf of a third party (and especially not as a trustee) and, in the case of a general partnership or private partnership, that no single person holds or controls more than 25% of the share capital or voting rights of the company. If this is not the case, the name(s) of the beneficial owner(s) is/are to be given below.								
Title, first name, surname					Place of birth	1	Date of birth (DD/MM/YYYY)	
Home address: Street address (no PO boxes), town/city, country, postcode								
Notes								
Place, date								
Full name of signatory								
Company stamp and legally binding signature of contract partner or authorised signatory								
•								

To change your bank information, please use the 'change of bank information' form.

Nexi Germany GmbH