Name and address change request - Ireland



Please complete in capital letters					1
MID - Merchant ID number					
New legal entity	Yes	No	New owner	Yes	No
If you tick "Yes" to new legal entity or new owner, we will contact you for additional information.			If you tick "Yes" to new legal entity or new owner, we will contact you for additional information.		
Ownership Type Sole Trader P	Partnership; N	lo. of Partr	ers: Private Limited Company	Charity	
Other (please specify):					
New Legal/Registered Name and Address:					
Legal name					
Legal address					
City			Postcode		
New Trading Name and Address:					
Trading name					
Trading address					
City			Postcode		
New Correspondence Address:					
Address					
City			Postcode		
Authorised signatory					2
I hereby confirm that I am authorised to sign on behalf of the company in relation to this request.					
Handwritten signature or e-sign (echo/electronic signatu \varkappa_3	re) Full	Name and	Title (Please complete in capital letters)		
	Pho	ne numbe	Mobile		
	Ema	ail			
Date	Posi	ition in Bus	iness		

Please send the completed form to:

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Return Address: Document Management Team, Elavon Merchant Services, PO Box 56, Arklow Business Park, Arklow, Co. Wicklow Fax: 0044 (0) 1273 734017 email: mfm@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.