

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 Partnership; No. of Partners: 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 signature)	Full Name and Title (Please complete in capital letters)		
	Phone number	Mobile	
	Email		

Date Position in Business

Please send the completed form to: **3**

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.

Your information is processed in line with Elavon's Privacy Policy. For further information on this please contact us at EUDataProtectionOffice@elavon.com.