

# Name and address change request

Please complete in capital letters

1

MID number

**New legal entity**

If you tick "Yes" to new legal entity or new owner, we will contact you for additional information.

Yes No

**New owner**

Yes No

Ownership Type	Sole Trader	Partnership; No. of Partners:	Private Limited Company	Public Limited Company
	Limited Liability Partnership	Charity	Other (please specify):	

**New Legal/Registered Name and Address:**

Postcode

**New Trading Name and Address:**

Postcode

**New address should be used for following correspondence**

Statements:      Legal      Trading      Other (please specify)

Chargeback:      Legal      Trading      Other (please specify)

Communications:      Legal      Trading      Other (please specify)

**Authorised signatory**

2

**I hereby confirm that I am authorised to sign on behalf of the company in relation to this request.**

Authorised signatory (Please sign the form before submission)



Full Name & Title (Please complete in capital letters)

Phone number

Mobile

Email

Date

Position in Business

Please send the completed form to:

**Return Address:** Elavon Merchant Services PO Box 466 Brighton BN50 9AW United Kingdom

**Fax:** 0044 (0) 1273734017 **email:** documents@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