Notification of a Change in Address



- Fill the form electronically (on PC/Mac/tablets)
- When completed, print form and sign it.
- Send scan of form by email (including any additional documents) to sales@ecomm365.com



Rev.: 2021.02.12

Eviating Company Brafile			
Existing Company Profile			
Merchant Name (DBA or trading name)			
Corporate or Legal Name			
Registered Business Address Line 1			
Registered Business Address Line 2			_ County
Town / City C	ountry	P	ostcode
Principal Place of Business (if different)			
Principal Contact Name & Title		Email	
Principal Contact Telephone (Include country & are	ea code)		
New Registered Address Det	ails		
Please enter the new address in the box below.			
New Place of Business Address Details			
Please provide details for any sub offices where staff are located and business is carried out.			
Tick to confirm evidence of new registered address is being sent with this form:			
e.g. Utility bills, which must be dated within the	last three month	ns.	
Declaration			
I hereby confirm that there are no other material changes in our business activity or business ownership, since our original application to establish a relationship with eCOMM Merchant Solutions Ltd.			
•			
Directors'	Print		Datas
Signature:	мате:		Date: