



# Legal Name and Registered Address Change Request

Please fill out in capital letters

Merchant Number:

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Ticket Number:

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New address should be used for following correspondence:

Statements     Chargeback Notifications     DBA

All other, please specify \_\_\_\_\_

New Legal Name:

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New Registered Address:

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TAX/VAT ID:

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New Legal Entity:

Yes                       No

New Owner:

Yes                       No

Business Type:

Limited Company     Partnership     Sole Trader     Other (please specify)

Contact Name:

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Contact Telephone Number:

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

Authorised Signature

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Printed Name

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Position in Company (this must be one of the following: Director, Partner, Owner)

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**PLEASE NOTE:**

We **CANNOT** change legal details **WITHOUT** the following:

- Attached Certificate of Incorporation in case of legal name change
- Attached confirmation from companies house for registered address change

Return Address:

Document Management & Services  
Elavon Merchant Services  
PO Box 56  
Arklow Business Park  
Arklow  
Co. Wicklow, Ireland  
00 353 402 26745

Fax: