

American Express Bank Ltd.
A, A1, A2, Enkay Centre
Udyog Vihar, Phase V
Gurgaon 122016
Telephone 0124 2801800
Fax 0124 2801144
To: Merchant Maintenance

Date:

From: Trading Name:

Phone Number: (.....)..... Fax: (.....).....

No. of Pages (incl. cover note): Merchant Number: 982 _____

CHANGE OF BANK ACCOUNT INFORMATION

Please complete this form and simply fax this signed page including a **Voided Cheque** for verification.

Bank Name: Branch:.....

Bank Account Name:

IFSC Code: Account Number:

GENERAL MERCHANT INFORMATION

Please tick the relevant boxes should you wish to have your merchant details updated.

Authorised Signatory - If the new authorised signatory is not the owner, director or partner of a partnership or someone who has ostensible authority to sign on behalf of the merchant (e.g. General Manager, Company Secretary, Financial Controller), please provide a written evidence to illustrate that the signer has capacity to sign on behalf of the merchant.

Please State Name and Business Title

Trading Name
Please state new Trading Name:

Trading Address
Please state new Trading Address:

..... City: Pincode:

Payee Name/Company name* (Please provide a copy of Certificate of Incorporation or other government registration documents for validation of the Company name. Payee name should be Merchant's Company name or Trading name)
Please state new Payee Name:

Settlement Address (used for dispatch of cheques and/or Merchant statements, as applicable)
Please state new Company Address:

..... City: Pincode:

Correspondence Address (used for all other correspondence)
Please state new Company Address:

..... City: Pincode:

***I agree that this is not a legal entity (ownership) change but only a change in the payee name.
(Please sign here) x**

Authorised Signatory	(Signatory's Name)	(Designation)	(Stamp of Establishment)
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