

## Contactperson registration form

Please note: Be sure to fill in all the fields. Your application cannot be accepted if the form is incomplete.

Your Company Details	
Company name	
ICS customer number *	
Chamber of Commerce (KVK) number	
* You can find this on your statement.	
Contact details	
First names (as given in passport)	$\bigcirc$ M $\bigcirc$ F $\bigcirc$ X
Initials	
Birth name	Surname prefixes
Current surname	Surname prefixes
Date of birth	
Resident in country (private)	
Business e-mail address	
Mobile telephone number	
	line portal My ICS Business and make adjustments to the Cards on behalf of your e or cancel the agreement with ICS. Only an authorised signatory is allowed to do that.
Place	Date
Contact's signature	

Continue filling in on the next page.



This form must be signed by an authorised company signatory. If you have not previously acted as an authorised signatory towards ICS, you will also need to complete the form for authorised signatories.

NB: We are unable to accept applications from authorised signatories who have not yet registered with ICS.

## Details of the authorised signatory

Surname (as on ID)	Surname prefixes (as on ID)
Initials	
Date of birth	
Place	Date
Signature	
In case of joint authorisation	
Surname (as on ID)	Surname prefixes (as on ID)
Initials	
Date of birth	
Place	Date
Signature	