

# MERCHANT MAINTENANCE FORM

Nexion SA (Pty) Ltd  
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 7405, South Africa



Merchant Name: \_\_\_\_\_  
 Sent By: \_\_\_\_\_

## INSTRUCTION

In order to amend existing details on your Nexion profile or add new company details complete this form in BLOCK LETTERS. This form must be signed by a Principal Member and a copy of signatories ID must accompany this form. Please Fax the signed form/s with ID's to **0866 546 016** or call **0861 639 466** for assistance. The Original Document must be kept on file for future reference.

### 1.) BUSINESS DETAILS CHANGE DETAILS NO CHANGE:

Please provide business details where applicable.

Full or Business Name:  Title:

Business Type : (Please Circle) Pty, Ltd / CC / Partnership / Sole Proprietary

ID / Reg # :

Address line 1 :

Postal / Address line 2 :

City :

Postal :

### 2.) CONTACT DETAILS CHANGE DETAILS NO CHANGE:

Please provide contact details where applicable.

Title :  Preferred Method of Contact: (Please Circle) Email / Tel / Fax / Cell

Contact Name :  Surname:

Tel :  -  -  Fax :  -  -

Cell Phone :  -  -

E-mail Address :

### 3.) DEPOSIT DETAILS CHANGE DETAILS: NO CHANGE:

Please provide new current account details for your Nexion fund deposits.

Bank Name :

Account Holder :

Account Number:  Branch Code:

**NOTE:** Should you wish to change your Debit Order details please contact our **Accounts Department** on **021 683 0540**

### 4.) ADD/REMOVE USERS NO CHANGE:

To Add or Remove Users from the Nexion system please fill in the names under the User name column and Circle "Add" or "Remove"

USER NAME:	ADD:	REMOVE:
1.)	Add:	Remove:
2.)	Add:	Remove:
3.)	Add:	Remove:
4.)	Add:	Remove:

### 5.) SIGNATURE

I hereby agree that the above changes are correct. I hereby grant permission to the specified service provider and Nexion to Deposit funds into the above stated account. I hereby declare that I am an authorized signatory for the above Practice / Company / Group, account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assisted By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Where legally necessary)

### FOR OFFICIAL USE ONLY

Name: \_\_\_\_\_ Verified: \_\_\_\_\_ Signed: \_\_\_\_\_ Submission Date: