



**Fiserv, Inc.**

Level 30, 100 Mount Street  
North Sydney, NSW 2060  
ABN 51 115 245 531

**Update of Contact Details Form**

Send the completed form to [posdeployment@firstdata.com](mailto:posdeployment@firstdata.com) with the subject heading: **Update of Contact Details**

*\*Required Information*

*Please ensure the full name you state below matches your government-issued ID.*

**Merchant Details**

Merchant ID\*

Merchant Trading Name\*

Merchant Trading Address

Suburb

State

Postcode

Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name\*

Last Name\*

<input type="text"/>	<input type="text"/>
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Email Address\*

**Update of Contact Details**

Nominated Contact Person

Mobile Phone Number

Email Address

<input type="text"/>	<input type="text"/>
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**For verification purposes, please provide one of the following:**

A copy of a government-issued ID/Driver's License/Passport

**Director/Partner/Sole Proprietor/Authorised Representative**

By signing this form, I/We authorise Fiserv to action this request.

Name*	Name
Date*	Date
Signature*	Signature