

Form C: Merchant General Information Update Request Form

Support E-Mail: support@liquidgroup.sg

Support Contact: +65 69907437

Please ensure that all relevant fields are completed before submitting the completed form via email

Date of Request: _____

A. Requestor

Name of Requestor	
Company Name	
Contact Number	
Email Address	
Merchant ID:	
Outlet ID:	
Terminal ID (for terminal-related requests):	

B. Change Requested

- ☐ **Update Bank Account Details** (Please enclose a copy of bank statement for verification)
- ☐ **Update Business Name** (Please provide a copy of your ACRA/Business Registration Document)
- ☐ **Update Business Contact Details** (e.g. Email, Telephone Number, Mailing Address)
- ☐ **Update Business Address/Location** (e.g. Shift in Outlet Location. Please provide Terminal ID above)
- ☐ **Request for Replacement EDC Terminal** (Please provide Terminal ID above)
- ☐ **Request for New EDC Terminal** (Please provide existing Terminal ID above, if any. Please note that there will be a charge for each EDC Terminal)

C. Please provide further details

D. For Terminal-related requests, please provide the following details

Preferred date for Terminal Deployment/Change: ____/____/____, ____:____ AM/PM

Contact Person for Deployment: _____

Contact Person Mobile Number: _____

Notes:

E. Submitted by Authorized Person for and on behalf of Company:

Signature of Authorized Person:

Company Stamp:

Name:

Designation:

Date :