Customer Contact Details -Change Request Form

It's important to notify us of any changes to your registered contact and billing account. This includes your name, address, phone number, employer (if applicable) and billing address.



www.int-comp.org

Please complete in **BLOCK CAPITALS**

Section A: please provide your current registered customer details	
Contact Details:	
First name(s):	
Last name:	
Contact Number* (CON)	
Job Title:	
Email (registered username):	
Mobile:	
Telephone:	
Billing Account:	
Company name (employer sponsored only):	
Billing Address:	
City:	
Country:	
Post Code/Zip:	

*Compulsory field please provide unique contact number as verification of your identity

Classification: Confidential

Section B: please provide details of change required

Contact Details:
First name(s):
Last name:
Email:
Mobile:
Telephone:
Billing Account:
Company name (employer sponsored only):
Billing Address:
City:
Country:
Post Code/Zip:
Reason for change
(please provide as much detail as possible e.g. changed employer; add new billing address; changed name due to marital status)
Signed
Date

NB. Employer sponsored – if you are requesting a change to your contact details relating to a product or service purchased on your behalf by your employer or third party we have a duty to notify them of your change request as they entered the contract on your behalf. It may impact our undertaking of data sharing on the legal basis of legitimate interest. For further details please see Terms and Conditions and Privacy Policy.