

Shopify Payments UK Update Form

***All fields are required unless instructed otherwise in the email you received.**

Account Representative:

The account representative needs to be an owner or a senior executive/director who exercises significant control over the company and who has the power to legally bind the company to our [Shopify Payments Terms of Service](#).

First name:	Last name:	Date of birth (DD/MM/YYYY):
Job title:	Ownership percent:	
Email address:	Phone number:	
Personal street address:		
Role: <input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Executive

I agree to the [Terms of Service](#), and for responsibility of this Shopify Payments account to be transferred to the above individual.

Additional Owners/Directors:

Shopify and our financial partners are required to collect and verify personal information for all other individuals who directly or indirectly own 25% or more of the company, as well as any executives/directors who exercise significant control over the company. This is a requirement for using Shopify Payments.

If the company is owned by another company, we require the personal information of the individuals who own the company/companies at the very top of the org chart.

If there are no individuals who own 25% or more of the company, even indirectly, please select which situation applies:

This is a publicly traded company. Please provide your stock ticker:
 This is a non-profit
 This is a privately owned company, but it is owned by enough individuals that no one person owns more than 25%
 Other. Please specify:

First name:	Last name:	Date of birth (DD/MM/YYYY):
Job title:	Ownership percent:	
Email address:	Phone number:	
Personal street address:		
Role: <input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Executive

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Job title:	Ownership percent:	
Email address:	Phone number:	
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Role: <input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Executive

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Personal street address:		
Role: <input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Executive

Signature of account representative:

Date: