



## Application to change your Isabel 6 subscription

Dear Madam,  
Dear Sir,

Please use the appropriate attached document to change your Isabel 6 subscription:

- **Add/delete 1 bank** in the Isabel 6-subscription (1 page - ref. *Isa6/RM-addbank-0909-E*)
- **Add a new user** in the Isabel 6-subscription (2 pages - ref. *Isa6/RM-adduser-0909-E*)
- **Remove a user** from the Isabel 6-subscription (1 page - ref. *Isa6/RM-deleteuser-0909-E*)
- **Change** the **personal data of a user** in the Isabel 6-subscription (1 page - ref. *Isa6/RM-changeuser-0909-E*)
- **Change** the **specifications of the Isabel 6-subscription** (including a new direct debit order form) (4 pages - ref. *Isa6/RM-changespecsubscription-0909-E*)
- **Delete** the Isabel 6-subscription (1 page - ref. *Isa6/RM-deletesubscription-0909-E*)

Should you need help in completing the document, please contact the agent at your bank or surf to [www.isabel.be/support6](http://www.isabel.be/support6).

Kind regards,

The Isabel Team

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Add new user  
in the Isabel 6 subscription

Isa6/RM-adduser-0909-E

The Customer,

Company and legal form .....  
Registered office .....  
Unique company number .....  
Represented herein by .....  
Job title .....

hereinafter referred to as 'the Customer',

has subscribed, as part of its business activities, to the Isabel 6 software,

Isabel 6 subscription ID: 5-

Article 1. The Customer states that it wishes to make the amendments indicated below to its Isabel 6 subscription. The Customer agrees that the Isabel invoice will be adapted based on the modifications it has requested in the Isabel subscription.

**User Card Request – Identification of the user**

**First Name**

.....

**Last Name**

.....

(referred to hereinafter as "User")

**E-mail** (this is a mandatory field. Please use a personal e-mail address (not an address such as info@company.be) so that Isabel can provide you with important information about the Isabel services) :

.....

**Gender:**  Male  Female

**Language:**  Dutch  French  English  German

**ID Card (or Legal equivalent) number:** .....

**Phone:** .....

**Fax:** .....

**Mobile:** .....

**E-mail:** .....

**User address:**  Same address as for the Customer.

**Street + nr. & box:** .....

**Post Code + Town/City:** .....

**Country:** .....

**Isabel Secured Access (access to all basic services including eGovernment):**

**Card reader:**  Yes  No

**Isabel Secure Signing Card:**  Urgent  Standard

**Isabel eBanking:**  Yes  No

If made available by the bank ("Bank"):

**Customer Administrator\***  Yes  No



\* If made available by the Bank and within the boundaries drawn by the Bank, the Customer Administrator has the ability to define the rights of other users.

### Function Card Request

#### What is a function card?

Please fill in the required information only if your company wants to order a card for one of its services or departments (e.g. accountancy department). A function card provides no mandate for signing payments nor signing electronic returns intended for the public administration. Please also note that you should appoint one responsible person for any function card.

The user mentioned under 'identification of the user' above is responsible for the function card. His/her name shall not be written on the card. Instead the name of the following department shall appear on the function card:

.....

Important! This function card offers only limited capabilities.

### Delivery Address for Password (PIN code) and Card Reader

Same address as for the customer.

**Name:** .....

**Street + n° & box:** .....

**Post Code + Town/City:** .....

**Country:** .....

### Delivery address personalized Secure Signing Card

**Bank:** .....

**Street + n° & box:** .....

**Post Code + Town/City:** .....

**Country:** .....

**BANK ID of the bank subsidiary (to be filled in by the registration bank):**

Please copy and fill in this document and sign each copy at the bottom of the page for each new user being added.

Article 2. The changes will take effect at the latest 10 working days after receipt of the signed change request.

Drawn up at ..... on, . . . / . . . / . . . .

For the Customer,  
Reserved for the registering bank (not to be filled in by the Customer)

Subscription number:  
Date on which the request for amendment was registered by the bank: . . . / . . . / . . . .  
Bank ..... ,  
represented by ..... , telephone ..... ,  
job title ..... has registered the request for amendments to be made to the Customer's subscription, after verification of the identification details requested and required authorities.  
For the bank,





Changes to the user information  
in the Isabel 6 subscription

Isa6/RM-changeuser-0909-E

Article 1. By signing the present request for modification, the subscription data below shall become the only ones valid for the Isabel 6 user mentioned below:

|  |                                      |
|--|--------------------------------------|
| First name and last name <sup>1</sup><br>..... | Isabel 6 User ID<br>5-□□□□□□□-□□□-□□ |
|--|--------------------------------------|

Please indicate all the amended data in the left column.

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Last name <sup>2</sup> : .....              |
| <input type="checkbox"/> | First name: .....                           |
| <input type="checkbox"/> | Language: English - French- Dutch - German  |
| <input type="checkbox"/> | ID card number (or legal equivalent): ..... |
| <input type="checkbox"/> | Phone: .....                                |
| <input type="checkbox"/> | Fax: .....                                  |
| <input type="checkbox"/> | Mobile: .....                               |
| <input type="checkbox"/> | E-mail: .....                               |
|                          | User Address                                |
| <input type="checkbox"/> | Street + n° & box: .....                    |
| <input type="checkbox"/> | Post Code + Town/City: .....                |
| <input type="checkbox"/> | Country: .....                              |

Article 2. The changes will take effect at the latest 10 working days after receipt of the signed change request.

Drafted at ..... on , . . / . . / . . . .

For the Customer,

To be completed by the registering bank (as a Customer you do not have to fill in this box)

|   |
|---|
| <p>Subscription ID:<br/>Date of registration by the bank of the Request for Modification: . . / . . / . . . .</p> <p>Bank name ..... ,<br/>represented by ..... , telephone ..... ,<br/>job title ..... has registered the Request for Modification of the subscription by the Customer after verification of the identity details requested and any necessary authorisation.<br/>For the bank,</p> |
|---|

<sup>1</sup> Or the name of the service or department (e.g. accountancy) for a function card.  
<sup>2</sup> Only use this possibility if major typos have occurred during the encoding of your (sur)name.



Changes of the specifications  
of the Isabel 6 subscription  
Isa6/RM-changespecssubscription-0909-E

The Customer,

Company and legal form .....  
 Registered office .....  
 Unique company number .....  
 Represented herein by .....  
 Job title .....

hereinafter referred to as 'the Customer',

has subscribed, as part of its business activities, to the Isabel 6 software,

Article 1. By signing this change request, the subscription details mentioned below will become the only valid details for the subscription with the following number:

Isabel 6 user ID: 5-

Please cross all the details that have changed in the left column below or use the form on page 3 for a new debit order form if needed.

Change specifications of the Isabel 6-subscription

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Name of the company: .....   |
| <input type="checkbox"/> | Legal form: .....  |
| <input type="checkbox"/> | Registered office: .....   |
| <input type="checkbox"/> | VAT number or unique company number: .....   |
| <input type="checkbox"/> | Applicable VAT system: <input type="checkbox"/> Liable for VAT <input type="checkbox"/> Non liable for VAT |
| <input type="checkbox"/> | Telephone: .....   |
| <input type="checkbox"/> | Fax: .....   |
| <input type="checkbox"/> | E-mail: .....  |



Change access to Electronic Documents

Per default all Users are authorized to have access to Electronic Documents (including the invoice for the access to and use of Isabel Products) that are available through Zoomit. The Customer now wishes to change that: only the following Users may have access to the Electronic Documents:

|   | First and last name <sup>1</sup> | Isabel 6 User ID   |
|---|----------------------------------|--------------------|
| 1 | .....                            | 5-□□□□□□□□-□□□□-□□ |
| 2 | .....                            | 5-□□□□□□□□-□□□□-□□ |
| 3 | .....                            | 5-□□□□□□□□-□□□□-□□ |
| 4 | .....                            | 5-□□□□□□□□-□□□□-□□ |
| 5 | .....                            | 5-□□□□□□□□-□□□□-□□ |

Article 2. The changes will take effect at the latest 10 working days after receipt of the signed change request.

Drafted at ..... on , . . / . . / . . . .

For the Customer,

<sup>1</sup> Or the name of the service or department (e.g. accountancy) for a function card.



New direct debit instructions for the Isabel 6 subscription<sup>1</sup>

If Customer is a physical person:

**First and Last Name:** .....

If Customer is a legal entity:

**Name + legal form + registered office** .....

**Validly represented by:** .....

**Job title:** .....

**Street and number** .....

**Postcode and town/city/country** .....

Hereby requests

Isabel N.V./S.A.  
Keizerinlaan 13-15 Bd de l'Impératrice  
1000 Brussels

from today and until expressly revoked, to collect all invoices for the access to and use of Isabel Products at

**financial institution** .....

**street and number** .....

**postcode and town/city** .....

**by debiting account number<sup>2</sup>** .....

IBAN number :

BIC code :

**in the name of** .....

**street and number** .....

**postcode and town/city** .....

Drawn up at ..... on .....

For agreement, for the accountholder,

**Reserved for the Direct Debit Institution**

The Direct Debit instructions shown above have been accepted under number

**Direct Debit number:** .....

**Creditor number:**.....455530509

**Date:**

**Seal and signature:**

**Drawn up in** ..... **On** .....

**For the customer,**

<sup>1</sup> This data will be used to charge the subscription, if applicable.

<sup>2</sup> Unless agreed otherwise between Isabel and the Customer, Isabel will put its invoice at the disposal of the Customer on this account number, through Zoomit or via any other e-invoicing channel chosen by Isabel.



To be completed by the registering Bank

**Number of the Subscription Application:** .....

**Bank name**.....

**Represented by:** ..... **Job title:** .....

**Has on**.....

recorded the Customer's Subscription Application after verification of the identity details requested and any necessary authorisation

**For the Bank,**



## Delete Isabel 6 subscription

Isa6/RM-deletesubscription-0909-E

The Customer,

Company and legal form .....  
Registered office .....  
Unique company number .....  
Represented herein by .....  
Job title .....

hereinafter referred to as 'the Customer',

has subscribed, as part of its business activities, to the Isabel 6 software,

The client declares that he wants to **delete** the Isabel-subscription **related to Isabel 6 subscription.**

Isabel 6 subscription ID: 5-

The changes will take effect at the latest 10 working days after receipt of the signed change request.

Drafted at ..... on , . . / . . / . . . .

For the Customer,

To be completed by the registering bank (as a Customer you do not have to fill in this box)

Subscription number:  
Date on which the request for amendment was registered by the bank: . . / . . / . . . .  
Bank ..... ,  
represented by ..... , telephone ..... ,  
job title ..... has registered the request for amendments to be made to the  
Customer's subscription, after verification of the identification details requested and required authorities.  
For the bank,