Customer Information Change Request Form

This form should be used to change your company name, address, telephone numbers, E-mail address, and point-of-contact (POC) information for your Subscription and Billing profiles if applicable.

**\* Required**

Would you like to change contact information for all the applications your company accesses? **\* [ ]  Yes [ ]  No**

|  |  |
| --- | --- |
| **If No, please specify:**  |       |
| **Current Company Name:** |       | **\* Subscriber ID** *(i.e. a1234b)*: |       |

Check the boxes that need updates and provide only the information for which you would like Fannie Mae to change.

|  |  |
| --- | --- |
| **[ ]  Company Name (see below):** |       |
| **[ ]  Company Address:** |       |
|  **City/State/Zip Code:** |       |
| **[ ]  Point of Contact (POC) Name:** |       |
|  **POC Phone:**  |       |  **POC Email:**   |       |

For the Billing Profile:

|  |  |
| --- | --- |
| **[ ]  Check box if billing profile changes are same as above**  |  |
| **[ ]  Company Name (see below):** |       |
| **[ ]  Company Address:** |       |
|  **City/State/Zip Code:** |       |
| **[ ]  Billing POC Name:** |       |
|  **POC Phone:**  |       |  **POC Email:**   |       |

**NOTE:** To change your **Company Name** provide a State-issued document showing the new company name with this form.

Examples of these documents include but are not limited to:

1. Certificate of Amendment of Articles of Incorporation

2. Real Estate Officer License

3. Department of Financial Institutions

4. Office of Financial and Insurance Regulation

5. State Government eLicense”

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| --- |
| I understand and agree that, by clicking on this check-box and entering my name in the space below, I am indicating that: (a) I am a duly authorized officer of the company identified above, (b) the company represents and warrants that the information in this form is complete and accurate and Fannie Mae is entitled to rely on it and (c) the company intends to be bound by my electronic signature just as if it were an ink signature on paper. |
| **\* Name of Authorized Representative:** |  | **\* Title:** |  | **\* Date:**  |  |

*Please return completed and signed form via e-mail to:* Technology\_Registration@fanniemae.com

*Last Updated on 04/04/2023*