

Account Management Consent Form

Nominate an Authorised Individual to access
or manage your Platinum Card Account

Please complete this form and return to:
American Express Platinum Card Service
PO Box 2016, Shortland Street, Auckland 1140
Fax: +64 9 583 8171

American Express Platinum Card Account Management Consent Form

As a Platinum Card member, you can authorise a nominated person to have access to and/or manage your Platinum Card Account.

Once this application has been received by American Express, your Account details will be updated usually within one business day. Please note, it is important that you advise your authorised signatory – they will be required to answer security questions relating to the Basic Card Account for any Account queries. If you require any assistance to complete this form, please contact Platinum Card Service on 0800 377 421 (option 4).

Authorisation

I, the Basic Platinum Card member whose name and signature appear on this form, consent to having the person nominated on this form, manage my American Express Card Account as indicated.

American Express may:

Disclose to the nominated individual any and all details relating to this/these Account(s).

OR

Disclose to the nominated Individual any and all details relating to this/these Account(s), and comply with any and all of their maintenance and financial instructions relating to this/these Account(s).

This may include (by way of example only) telephone transfers, change of address, Account(s) cancellation requests and management of Membership Rewards® Account(s).

Authorisation Term

I understand that this consent form will remain in full force and effect until American Express International (NZ), Inc receives and processes a written notification from me, that I have withdrawn it.

Basic Platinum Card member Details and Signature

Basic Platinum Card Account No.

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Title: Mr Mrs Ms Miss Dr Prof

Other
(please specify)

First Name

Middle Name

Surname

Signature _____ Date / /
(Basic Platinum Card member)

Authorised Signatory Details and Signature

(for security identification)

Title: Mr Mrs Ms Miss Dr Prof

Other
(please specify)

First Name

Middle Name

Surname

Date of Birth / /

Home Address No. Street

Suburb City

Country Postcode

Phone (Res.) Phone (Bus.)

Fax Mobile

Signature _____ Date / /



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