

Personal Travel Profile and Signature on File Form

Provide information relating to your travel bookings and authorise
American Express to charge your Platinum Card Account

Please complete this form and return to:

American Express Platinum Travel Service
PO Box 2016, Shortland Street, Auckland 1140

Fax: +64 9 583 8171

American Express Platinum Card Personal Travel Profile

Please ensure all applicable fields are completed

Basic Cardmember Details

New personal travel profile
Please update my existing travel profile

Personal Information

Title: Mr Mrs Ms Miss Dr Prof

Other _____
(please specify)

First Name _____

Middle Name _____

Surname _____

Home Address No. _____ Street _____

Suburb _____ City _____ Postcode _____

Home Telephone _____ Mobile _____

Business Telephone _____ Fax _____
(Direct)

Email Address _____

Basic Platinum Card Account No.

Expiry Date _____ Month _____ Year _____

Basic Cardmember Passport Details

As this document will be used to assist travel arrangements it is vital the information is accurate. Updating information once travel is booked can potentially cause delays and incur additional charges.

Full Name _____
(as it appears on your passport)

'Known As' Name _____
(if different from above)

Country of Birth _____ Date of Birth ____/____/____

Nationality _____

Passport Number _____ Expiry Date _____

Passport Number _____ Expiry Date _____
(dual nationality)

Emergency Contact Name _____

Relationship to Basic Cardmember _____ Phone _____

Special Requirements _____
(i.e. elderly, hearing, sight impaired)

Medical Information:

Do you require a wheelchair? Yes No
Are you a nervous flyer? Yes No

Please list any medical conditions you have, that may be an added concern when travelling.

Airline Details

Information relating to Airline Club Membership will be used to ensure that any points earned by you are credited to your airline account. This information also assists us with points bookings e.g. upgrades on your behalf.

Preferred Airline _____

2nd Preferred Airline _____

Class

First Class Business Class Economy Plus Economy

Seating Preference

Forward Rear Centre Window Aisle

Special Meal Requirements (must be requested)

LactoOvo Vegan Low fat No salt Diabetic

Other _____
(please specify)

Please note that although we will always aim to achieve your preferences, we cannot always guarantee specific seats, and special meal requests are subject to availability.

Airline Membership Name _____

Membership No. _____ Password/Pin No. _____

Airline Membership Name _____

Membership No. _____ Password/Pin No. _____

Accommodation Details

There are many styles and levels of service for every type of hotel, so please select any or all criteria that may help us to identify appropriate accommodation options for you.

Accommodation Preference

International Hotel Chain Small Luxury Hotels Resort/Club

Deluxe/First Class Standard/Informal Personal/Relaxed

Business Centre/On-line Capabilities Yes No

Room Preference Non-Smoking Smoking

Other _____
(please specify)

Hotel Club Membership

Hotel Membership Name _____

Membership No. _____ Password/Pin No. _____

Hotel Membership Name _____

Membership No. _____ Password/Pin No. _____

Special Requirements _____

Car Rental Details

Preferred Car Rental Company(ies) _____

Car Type _____ Automatic Manual
Large Small
Sedan Hatchback

Car Rental Club Membership Name _____

Membership No. _____

Car Rental Club Membership Name _____

Membership No. _____

Avis

I am an Avis Preferred Renter. Wizard No. _____

I am not an Avis Preferred Renter. Please send me an enrolment form.

Hertz

I am a member of Hertz #1 Gold Club®. Membership No. _____

I am not a Hertz #1 Gold Club member. Please send me an enrolment form.

Avis and Hertz will be given your contact information in order to send you information directly about their service programme (Avis Preferred Renter and Hertz #1 Gold Club®).

Priority Club® Rewards

I am a Priority Club Rewards member. Membership No. _____

I am not a Priority Club Rewards member. Please send me an enrolment form.

Spouse/Dependants Travel Details

Family Member One:

Full Name
(as it appears on your passport)

Country of Birth Date of Birth / /

Nationality

Passport Number Expiry Date

Passport Number Expiry Date
(dual nationality)

Special Meal Requirements

LactoOvo Vegan Low fat No salt Diabetic

Other
(please specify)

Medical Information

Do you require a wheel chair? Yes No

Are you a nervous flyer? Yes No

Please list any medical conditions or special requirements you have, that may be an added concern when travelling (i.e. elderly, hearing or sight impaired).

Membership of Airline Frequent Traveller Club(s)

Airline Membership Name

Membership No. Password/Pin No.

Airline Membership Name

Membership No. Password/Pin No.

Family Member Two:

Full Name
(as it appears on your passport)

Country of Birth Date of Birth / /

Nationality

Passport Number Expiry Date

Passport Number Expiry Date
(dual nationality)

Special Meal Requirements

LactoOvo Vegan Low fat No salt Diabetic

Other
(please specify)

Medical Information

Do you require a wheel chair? Yes No

Are you a nervous flyer? Yes No

Please list any medical conditions or special requirements you have, that may be an added concern when travelling (i.e. elderly, hearing or sight impaired).

Membership of Airline Frequent Traveller Club(s)

Airline Membership Name

Membership No. Password/Pin No.

Airline Membership Name

Membership No. Password/Pin No.

Signature on File

This form must be completed by the Basic Platinum Card member.

I agree to be responsible for all instructions and charges to my Platinum Card Account made by myself or my Authorised Individual, and authorise Platinum Service to accept instructions by telephone, for bookings in:

please tick appropriate box(es) Travel Concierge

I agree to accept the itinerary or confirmation of travel or concierge arrangements issued by Platinum Service as proof that those arrangements were requested by me or on my behalf, unless I notify Platinum Service without delay, and in any case before the date of travel or the event, that the itinerary or confirmation is not correct.

I agree to advise Platinum Service, without delay, of any changes to the Authorised Individual named below. I accept and agree to the Signature On File Terms and Conditions on the back of this form.

Name of Basic Platinum Card member

Basic Platinum Card Account No.
3 7 7 4

Expiry Date Month Year

Daytime Telephone Number

Signature of Basic Platinum Card member Date / /

Authorised Signatory Details

Your authorised signatory should be someone who can act and sign orders on your behalf if you are not available e.g. secretary, assistant or a member of your family.

Name
(Authorised Signatory)

Position Held

Signature Date / /
(Authorised Signatory)

Platinum Travel Transaction Fees:

Domestic Ticket Booking	\$20 per person
Trans-Tasman Ticket Booking	\$50 per person
International Ticket Booking*	\$100 per person
Frequent Flyer Booking	\$100 per person

* The maximum charged for an international booking will be NZ\$200.

Declaration

Authority to American Express International (NZ), Inc. Privacy and Personal Information:

To provide you with your Platinum Travel Service, American Express needs to (a) collect personal information about you, and (b) obtain your agreement in relation to handling this personal information.

If you do not provide the information requested, or give your agreement above, American Express may not be able to provide you with the full Platinum Travel Service. In accordance with the Privacy Act, you can access personal information about you held by American Express, and advise if you think it is inaccurate, incomplete or out-of-date. To arrange access to personal information about you, or enquire generally about privacy matters, write to The Privacy Officer, American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140.

Privacy and Personal Information:

In this section, 'personal information' means information about me, including my financial circumstances, and the use of Platinum Personal Travel. I agree that, subject to the Privacy Act, you and your agents may do the following:

- Transfer personal information confidentially to your related companies and other organisations which issue or service American Express Platinum Travel Service subject to appropriate conditions of confidentiality. This includes transferring personal information to the United States or other countries for data processing and servicing.
- Monitor and record my telephone conversations with you from time to time in order to train your staff and control your service quality.
- Use personal information for marketing purposes. This includes putting my name and contact details on marketing lists for the purpose of offering me goods or services of an American Express company or of any third party acting on behalf of American Express, by mail, email or telephone, or having your related companies do so directly. I understand that I can call 0800 377 421 to remove my name from your marketing lists. I acknowledge my request may take 6-8 weeks to be processed.

I also agree that where I have provided you with information about another individual on this form, I will make sure that the individual is aware of:

- My supplying their information to you and the purposes as to why you have collected the information.
- Their ability to access that information in accordance with the Privacy Act (and to advise if they think the information is inaccurate, incomplete or out-of-date; and the contact details of your Privacy Officer).



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