

American Express International (NZ) Inc.  
GPO BOX 2909  
Shortland Street,  
Auckland 1140 New Zealand  
Telephone: 0800 800 855 (+612 9271 8678 - Overseas)

Kindly return form via fax to 0800 766 666 or by email to Amex.KLCFN.Maintenance@aexp.com.

Note: It is recommended that you encrypt all requests sent to this email address. American Express does not accept liability for requests received by unintended recipients.

Date Of Request:

Name Of Merchant Contact:

Your American Express Merchant Number:

Note: Your Merchant Number is 10 digits and starts with 984. If your request covers more than one Merchant Number, please attach a list and write "as per attached list" in the Merchant Number box.  
(Please select from the boxes below, only where updates are required)

- ☐ Trading Name .....
- ☐ Phone Number ..... ☐ Fax Number .....
- ☐ Email Address .....

To help us complete your request, please make sure:

1. The completed Change Request form is printed and signed.
2. Required supporting documents outlined under each section are attached to the request (mandatory for Authorised and Non Authorised Signatories).
3. If a non authorised signatory is completing this request, as an addition, provide two supporting documents under sections B (II).

Note: All Bank supporting documents must include your printed bank account number, payee name, bank name and bank logo.

☐ **SECTION A: Bank Account Update**  
(Should there be an update in Company/Payee Name, please also complete Section B)

Please provide the following information and document to process your request:

- I. Current BSB and Bank Account Number
  - II. New BSB and Bank Account Number for Direct Debit and Direct Credit
  - III. A copy for one of the following bank documents:
    - Bank Confirmation Letter (signed by a bank officer)
    - New Voided Cheque
    - New Bank Statement (for privacy purposes, you may mask out any other transactions/balances)
    - New Pre-Printed Deposit Slip
- Note: Bank documents must display bank account number, bank name, bank logo and payee name.

Current BSB Number

Current Bank Account Number

☐ **Direct Credit (Deposit of Payment)**

New BSB Number

New Bank Account Number

☐ **Direct Debit (Deduction of Merchant Fees)**

New BSB Number

New Bank Account Number

☐ **SECTION B: Company/Payee Name Change**  
(Should there be an update in bank account number, please also complete Section A)

Please provide the following information and document to process your request:

- I. New Payee Name and/or New Company Name (where changes are applicable)
  - II. New Business Registration certificate displaying NEW company name
  - III. A copy for one of the following bank documents:
    - Bank Confirmation Letter (signed by a bank officer)
    - Current Voided Cheque
    - Current Bank Statement (for privacy purposes, you may mask out any other transactions/balances)
    - Current Pre-Printed Deposit Slip
- Note: Bank documents must display bank account number, bank name, bank logo and payee name.

New Payee Name

(Payee Name is the name registered with your bank. Maximum of 38 characters, including spaces)

New Company Name (as printed on Business Registration Form)

**Changes to Section C require the following:**

I. To add new authorised signatory, please provide a copy of the **current Driver's Licence**, otherwise provide a copy of a **current Passport AND utility bill showing the residential address of the Authorised Signatory**.

II. If this form is **not signed by an Authorised Signer**, please provide either a copy of **current Business Registration Certificate** OR a copy of **bank document**.

Bank document: It is either a Current Bank Statement (for privacy purposes, you may mask out any other transactions/balances) / Current Pre-Printed Deposit Slip / Current Voided Cheque / Confirmation Letter from the Bank (signed by a bank officer).

☐ **SECTION C: Add/Delete Authorised Signatories (Please select whether you would like to ADD or DELETE)**

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Business Title	Full Name	Date Of Birth	Residential Address
<input type="checkbox"/>	<input type="checkbox"/>	.....	.....	.....	.....

**Note: Date Of Birth and Residential Address only required to ADD authorised signatories.**

**Changes to Section D require the following:**

I. If change is requested by an **Authorised Signatory**, no additional documentation is required.

II. If this form is **not signed by an Authorised Signer**, please provide either a copy of **current Business Registration Certificate** OR a copy of **bank document**.

Bank document: It is either a Current Bank Statement (for privacy purposes, you may mask out any other transactions/balances) / Current Pre-Printed Deposit Slip / Current Voided Cheque / Confirmation Letter from the Bank (signed by a bank officer).

☐ **SECTION D: Address Change** (Please select the applicable boxes to indicate the type of address change required and complete your new address details)

☐ Settlement Address (Merchant Payment/Statements Address)

Full Address

State  Post Code

☐ Trading Address (Merchant Trading/Shop Address)

Full Address

State  Post Code

☐ Corresponding Address (Letter Address - if different from Settlement Address)

Full Address

State  Post Code

☐ **SECTION E: Update Electronic Terminal** (Please fill in the following information in full, as provided by your bank)

<b>New Terminal ID</b>	<b>New Bank Merchant ID</b>	<b>New Bank Provider Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration**

The signers indemnify and warrant to American Express that they are duly authorised by the merchant company to deal with American Express for all relevant matters relating to the acceptance of the American Express Card. The signers acknowledge and agree to be bound by the Terms and Conditions for American Express Card Acceptance (as amended from time to time), a copy of which either has previously been provided to the merchant with the account set up materials, or will be provided to the merchant when it signs a new merchant acceptance agreement with American Express following a change of ownership.

\* I agree that there have been no changes to the ownership of the business

(Please Sign Here) x

Signatory's Name

Business Title

PLEASE CHECK THAT ALL REQUIRED SUPPORTING DOCUMENTS ARE ATTACHED

**For Internal Use Only:**

Case No: