



CANCELLATION OF CARD ENROLMENT

Corporate Membership Rewards Program

This form is to be completed by the Authorised Signatory, Membership Rewards Program Administrator or Decision Maker only. Please use BLOCK letters to complete this form. All fields are mandatory.

We hereby confirm that we wish to remove the following Card Members from the **American Express Corporate Membership Rewards program**.

1. Company Information

Company Name	
Corporate ID	
Company Membership Rewards Account Number	

2. Cards to be cancelled from the Corporate Membership Rewards Program

Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	



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3. Corporate Membership Rewards Program Administrator Authorisation

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Full Name	<input type="text"/>					
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	(Country Code)	(Area Code)	(Phone Number)			
Designation	<input type="text"/>					
Business Email Address	<input type="text"/>					

(Your email address is mandatory as a means to contact you regarding this program only and won't be used for marketing purposes).

4. Confirmation

Please cancel the Cards listed in Section 2 from the Corporate Membership Rewards program.

Requested by the Authorised Signatory or Corporate Membership Rewards Program Administrator for and on behalf of the Company.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Full Name	<input type="text"/>					
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	(Country Code)	(Area Code)	(Phone Number)			
Designation	<input type="text"/>					
Business Email Address	<input type="text"/>					

(Your email address is mandatory as a means to contact you regarding this program only and won't be used for marketing purposes).

By signing this form, I agree and have understood the Terms and Conditions of the Corporate Membership Rewards program (Terms and Conditions are available at www.americanexpress.com.au/corporatemr).

Signature	<input type="text"/>	Date (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Please email a scanned copy of your completed and signed form to cmrsubmissions.au@aexp.com for processing^

^Please note this email address may only be used for the purpose of submissions of applications, cancellations or changes relating to the Corporate Membership Rewards program. Unfortunately we are unable to reply from this email address if correspondence is not related to the topics indicated.



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