



CHANGE OF CORPORATE MEMBERSHIP REWARDS PROGRAM ADMINISTRATOR FORM

Corporate Membership Rewards Program

This form is to be completed by the Authorised Signatory for and on behalf of the company. Please use BLOCK letters to complete this form. All fields are mandatory.

1. Company Information

Company Name

Corporate ID

Company Membership Rewards Account Number

2. Existing Corporate Membership Rewards Program Administrator

Full Name

Corporate Card Number

3. Corporate Membership Rewards Program Administrator Authorisation

The new Program Administrator will need to hold a Corporate Card in order to be the Corporate Membership Rewards Program Administrator. Please complete a Corporate Card application form to set up a new account if one is not already available.

Title

Mr

Mrs

Miss

Ms

Other

First Name

Middle Name

Last Name

Corporate Card Number

Designation

Company Address

Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Business Email Address

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

☐ Please tick if you would like to receive Corporate Membership Rewards program updates and other marketing offers from American Express via this email address.

By signing this form, I understand that the annual Corporate Membership Rewards program fees and adjustments will be charged to the Corporate Membership Rewards Program Administrator Card. 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

Date (DD/MM/YYYY)

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4. Confirmation: Requested by the Authorised Signatory for and on behalf of the Company

I confirm that the person nominated in Section 3 is to be the new **Corporate Membership Rewards Program Administrator** who is authorised to carry out any and all activities in connection with the **American Express Corporate Membership Rewards program** on behalf of our Company.

I acknowledge that it is a requirement that the Program Administrator holds an American Express Corporate Card and be enrolled in Corporate Membership Rewards. I also acknowledge that all responsibilities of the existing **Corporate Membership Rewards Program Administrator** shall stand cancelled.

(Please refer to the American Express Corporate Membership Rewards program Terms and Conditions for full details of the Program Administrator's responsibilities.)

Requested by the Authorised Signatory 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"/>					
Designation	<input type="text"/>					
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	(Country Code)	(Area Code)	(Phone Number)			
Business Email Address	<input type="text"/>					

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

By signing this form, I agree to 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.