



PROGRAM ENROLMENT CANCELLATION FORM

Corporate Membership Rewards Program

Please use BLOCK letters to complete this form. All fields are mandatory.

We hereby confirm that we wish to cancel our Company's enrolment in the **American Express Corporate Membership Rewards program**.

1. Company Information

Company Name

Corporate ID

Company Membership Rewards Account Number

2. Confirmation

I confirm that I have read and understood the Terms and Conditions of cancellation of the **Corporate Membership Rewards program** (www.americanexpress.com.au/corporatemr). Please cancel our Company's **Corporate Membership Rewards program** listed above.

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

Title

Mr

Mrs

Miss

Ms

Other

Full Name

Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Designation

Business Email Address

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

Signature

Date (DD/MM/YYYY)

 / /

**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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