

\_\_\_\_\_ - \_\_\_\_\_



*Please fill out this document and send it duly signed to:*

**Alpha Card srl, Boulevard du Souverain 100, 1170 Brussels**  
**or return it via e-mail to your dedicated Alpha Card Contact Person.**

*In order to improve readability and to avoid delays in processing this application form, please fill in this document electronically. You can also print it and complete it in writing, using CAPITAL LETTERS in blue ink or black. All fields are mandatory.*

## 1. Practical modalities

[illegible]

## 2. Company information

[illegible]

### 3. Bank Information

[illegible]

### 4. Contact Information

#### a) Programme Administrator

The person below is authorized to request, manage, notably appoint @work users and terminate the Business Travel Account.

First Name																<input type="radio"/> Mr.	<input type="radio"/> Mrs.
(As mentioned on the ID document)																	
Last Name																	
(As mentioned on the ID document)																	
Date of birth	D	D	M	M	Y	Y	Y	Y									
Identification code				Please provide a 4 digit identification code with which we can confirm your (or your department) identity.													
Function																	
Professional address (if different from above)																	
ZIP Code					City												
Country																	
Office phone*																	
E-mail address*																	

\*The above mentioned contact details (including but not limited to: e-mail, telephone, SMS, MMS or Voice Mail) may be used by Alpha Card in accordance with in the General Terms and Conditions and/or any Privacy Statement.

#### b) Statements

This section only needs to be completed if this person is different from the above identified Programme Administrator. The person below is authorized to receive the statements/to access online statements and to receive / request information needed for day to day handling of the account. To get access to the online statements, please fill out the attached 'BTACustomer Enrollee Form'.

First Name																<input type="radio"/> Mr.	<input type="radio"/> Mrs.
(As mentioned on the ID document)																	
Last Name																	
(As mentioned on the ID document)																	
Date of birth	D	D	M	M	Y	Y	Y	Y									
Identification code				Please provide a 4 digit identification code with which we can confirm your (or your department) identity.													
Function																	
Professional address (if different from above)																	
ZIP Code					City												
Country																	
Office phone*																	
E-mail address*																	

\*The above mentioned contact details (including but not limited to: e-mail, telephone, SMS, MMS or Voice Mail) may be used by Alpha Card in accordance with in the General Terms and Conditions and/or any Privacy Statement.

#### c) Travel Agency contact information

Agency Name																	
IATA office code																	
Contact person at Agency																	
Address																	
ZIP Code					City												
Country																	
Telephone																	
Fax																	
E-mail address																	

### 5. Request for Company's Ultimate Beneficial Owners

Please complete: The Company, as described in point 2 is a:

Listed on a stock exchange ☐ Yes ☐ No

Tick number symbol

Stock exchange on which listed

European regulated financial institution ☐ Yes ☐ No

Name of regulator

Country

Registration number

European public authority ☐ Yes ☐ No

Government Department

Country



- If you ticked "Yes" to any of the above, please fill out section 6 (you do not need to fill in the Beneficial Owners appendix).
- If you ticked "No" to all of the above, please fill out section 6 and go to the 'Beneficial Owners' appendix.

### 6. Authorized Signer(s)

Please join for all Authorized Signers:

- For residents in Belgium, copy/picture (both sides) of valid Belgian ID.
  - For all others, copy/picture (both sides) of valid EU Identity card or valid international passport.
  - For all, a proof of address (copy of the latest utility bill such as gas, water, electricity ...).
- Low quality documents/unrecognizable pictures will be rejected and you will be asked to provide a higher quality copy.

By submitting the Application form(s), the Company which I represent acknowledges that it has received all the necessary information on the range of products and to have chosen the Card that best meets the needs of the Company and to therefore act with full knowledge of the facts.

The BTA Application Form must be signed by the Company Authorized Signer(s). This signature certifies the accuracy of the information contained herein and in the Appendix "Ultimate Beneficial Owners" and authorizes Alpha Card CVBA/SCRL to obtain information from the Bank or other institution. Each signatory warrants that he/she has read, understood and accepted the BTA General Terms and Conditions and the Insurances General Terms and Conditions which have been communicated to him by the Account Manager at Alpha Card. A copy of the BTA General Terms and Conditions and the Insurances General Terms and Conditions may also be requested from Alpha Card, Vorstlaan 100 Boulevard du souverain - 1000 Brussels, Belgium. Tel: +32 (0)21 676 29 92. These documents are also available via [www.americanexpress.be/Documents\\_Corporate](http://www.americanexpress.be/Documents_Corporate) or [www.americanexpress.be/Corporate\\_Documenten](http://www.americanexpress.be/Corporate_Documenten). This agreement shall be effective upon approval by Alpha Card of this application, or once the BTA is activated, or after first use of the BTA, whichever occurs first, all of which, including signing of the Opening of Account, constitute acceptance of the General Terms and Conditions.

#### Data Protection

Alpha Card handles Personal Data in its capacity as Data Controller in accordance with the provisions of the Privacy Statement set out in the General Terms and Conditions. These data are used by the Data Controller to manage customer relations, to comply with legal requirements, for its own commercial purposes and to prevent and combat abuse. The customer may object to the use of these data for direct marketing purposes. To inspect and correct data, please contact the Alpha Card - Customer Service, Vorstlaan 100, 1170 Brussels.

Alpha Card may request additional information prior to the issuance of this BTA and may reject this Application at its discretion.

### Authorized signer 1

First Name

☐ Mr.

☐ Mrs.

(As mentioned on the ID document)

Last Name

(As mentioned on the ID document)

Home address

ZIP Code

City

Country

Date of birth

D

D

M

M

Y

Y

Y

Y

Y

Country of birth

Nationality

Function

Signature

Date

D

D

M

M

Y

Y

Y

Y

Place

### 6. Authorized Signer(s) – cont.

#### Authorized signer 2

First Name																									<input type="radio"/> Mr.	<input type="radio"/> Mrs.	
(As mentioned on the ID document)																											
Last Name																											
(As mentioned on the ID document)																											
Home address																											
ZIP Code											City																
Country																											
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of birth																		
Nationality																											
Function																											
Signature																											
Date	D	D	M	M	Y	Y	Y	Y	Place																		



#### Required additional documents

Please be informed that failing to provide any of these documents may delay the set up of your account.

- |   |   |
|---|---|
| <input type="checkbox"/> A copy of Articles of Association as published in the Official Gazette           | <input type="checkbox"/> The Beneficial Owner/Majority Shareholder appendix (if applicable) |
| <input type="checkbox"/> A list of Authorized Signers as published in the Official Gazette                | <input type="checkbox"/> For Authorized Signer(s), a proof of address                       |
| <input type="checkbox"/> A list of Members of the Board of Directors as published in the Official Gazette | <input type="checkbox"/> For Authorized Signer(s), please join:                             |
| <input type="checkbox"/> A copy of the latest balance   | - For Belgian residents, copy (both sides) of valid Belgian ID Card                         |
|   | - For all others, copy (both sides) of a valid EU ID Card or international passport         |
|   | <input type="checkbox"/> BTACConnect Customer Enrollee Details                              |
|   | (Registration to BTACConnect is mandatory to have access to the online statements)          |