

American Express Business Travel Account Application form

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Please fill out this document and send it duly signed to:
Alpha Card scrl, 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																											
Estimated yearly charge volume								E	UR																		
Payment delay :	28 d	ays																									
The American Express Business Trave	I Acc	cour	nt is	free	of c	harg	e.																				
2. Company information																											
Registered Company name	e (Le	gal	nam	ie)																					\perp		
Legal form o	f the	Cor	mpai	ny																							
Address Registered Office (Street and Nr.)																											
ZIP Code									Ci	ty													ĺ		Ī		
Country																											
Full trading name (Com	merc	cial	nam	ie)																							
Trading address (Street and Nr.)																									Ī		
ZIP Code									Ci	ty															Ī		
Country																											
Office phone																											
Office fax																											
VAT number																											
Enterprise number																											
Industry sector																			Nac	e Co	de						
Is your Company alre	ady a	a cli	ent o	of Aı	meri	can I	Expr	ess?	\subset) Y	es				\subset	N	0										
If yes, please indicate your Americ	an E	xpr	ess	Com	pany	/ Acc	cour	nt Nr.							-				-								
3. Bank Information																											
3. Dank iniormation																											
Bank Name																											
Bank Account number / IBAN code																_	<u> </u>		_		<u> </u>	 			<u>_</u>		
BIC code																											
Payment method		Dir	rect	Deb	it (P	lease	e fill	in a [Direc	t De	ebit r	nan	date	e)													
		Ba	nk T	rans	sfer																						



CORPORATE PAYMENT SOLUTIONS

4. Contact Information																																		
a) Programme Administra	tor																																	
The person below is authorized to requ	ıest,	, ma	nag	e ar	d te	rmi	nate	e th	е Ві	ısin	ess	Tra	avel	Ac	cou	nt.																		
First Name																											(\bigcirc	Mr.		\bigcirc	Mr	s.	
Last Name																																		
Date of birth	D	D	M	M	Υ	Υ	Υ	Y	′																									
Function																																		
Professional address (if different from above)																																		
ZIP Code											City	у																						
Country																																		
Office phone*																																		
E-mail address*																																		
	* Th	В		king	off t	his b	ox,	l her	eby	decl	lare	that	t the	abo	ve m	enti															, SMS ms ar			
b) Statements																																		
The person below is authorized to rece This section only needs to be complete							rent	fro	m t	he a	bov	e id	dent	tifie	d Pı	ogr	amn	ne A	Adm	inist	trate	or.												
First Name																											(\subseteq	Mr.		\bigcirc	Mr	s.	
Last Name																																		
Date of birth	D	D	M	M	Υ	Υ	Υ	Υ	′																									
Function																																		
Professional address (if different from above)																																		
ZIP Code											City	у																				L		
Country																															 			
Office phone*																															 			
E-mail address*																																		
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c) Travel Agency contact	ınto	orn	ıat	ior	1																													
Agency Name																																		
IATA office code																															 			
Contact person at Agency																																		
Address																						<u></u>				_		_	_		L			
ZIP Code					_		_				City	У										<u></u>												
Country				<u> </u>					_																						 			
Telephone									_		_											_	_	_	_						 			
Fax				<u>_</u>		_				_											_	Ļ	_					_		_	 <u></u>			
E-mail address																																		



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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 Country
- If you ticked "Yes" to any of the above, please go to section 6 (you do not need to fill in the Beneficial Owners appendix) If you ticked "No" to all of the above, please complete the appendix regarding the the Beneficial Owners.
6. Authorized Signer(s)
Please join for all Authorized Signers: - For Belgian residents, copy (both sides) of valid Belgian ID For all others, copy (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 will be rejected and you will be asked to provide a higher quality copy.

This Opening of Company Account (hereinafter the "Opening of Account") must be signed by the Company's authorized person(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. By signing below, each signatory warrants that he/she has read and understood the General Terms and Conditions attached hereto.

A copy of these General Terms and Conditions may be requested from Alpha Card - Vorstlaan 100 - 1170 Brussels, tel: +32 (0)2 676 29 29. These General Terms and Conditions are also available at www.americanexpress.be/documents corporate/ or www.americanexpress.be/corporate_documenten/. This agreement shall be effective upon approval by Alpha Card of this application, or once the card is activated, or after first use of the Card(s), 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 card and may reject this Application at its discretion.

Authorized signer 1																					
Title		Mr.		\subset) Mr	s.															
First Name																					
Last Name																					
Home address																					
ZIP Code								(City												
Country																					
Date of birth	D	D I	VI N	/I Y	Υ	Υ	Υ	(Count	try o	f bir	th									
Nationality																					
Function																					
Signature																					
	-																				



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6. Authorized Signer(s) – (cont.
Authorized signer 2	
Title	○ Mr. ○ Mrs.
First Name	
Last Name	
Home address	
ZIP Code	
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 do Please be informed that for A copy of Articles of Association as put A list of Authorized Signers as published A list of Members of the Board of Direct A copy of the latest balance	ailing to provide any of these documents may delay the set up of your account. The Beneficial Owner/Majority Shareholder appendix (if applicable) d in the Official Gazette For Authorized Signer(s), a proof of address