

Replacing a Corporate Membership Rewards Programme Administrator

1. Company Information

Company Registered Name:	<input type="text"/>
Company Registered Address:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Post code:	<input type="text"/>
Master Control Account Number:	<input type="text"/>
Corporate Membership Rewards Account Number: (when available)	<input type="text"/>

2. Existing Programme Administrator to be replaced

First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
	<input type="checkbox"/> Please remove this Programme Administrator from participation in the American Express Corporate Membership Rewards Programme.
	Note: If the current Programme Administrator is removed from participation, all Corporate Membership Rewards Programmes fees and adjustments will be charged to the Programme Administrator listed in section 3.

3. New Programme Administrator

The following person is authorised to act as Programme Administrator for our Company's **American Express Corporate Membership Rewards Programme**. Please refer to the **American Express Corporate Membership Rewards Programme** Terms and Conditions for full details of the Programme Administrator's responsibilities.

Note: If the Programme Administrator is not currently a Cardmember, please complete the American Express Corporate Cardmember Application Form to set up a Card.

One form must be completed for each additional Programme Administrator required.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Programme Administrator Correspondence Address (if different to Company Correspondence Address in section 1):	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Job Title:	<input type="text"/>
Work Telephone Number (inc. country & area codes):	<input type="text"/>
Work Email Address:	<input type="text"/>

AMERICAN EXPRESS CORPORATE MEMBERSHIP REWARDS

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3. New Programme Administrator (Continued)

Please ask the Programme Administrator to complete the below five fields. This information may be used to confirm the Programme Administrator's identity for servicing purposes.

Date of Birth (DDMMYY):

Mother's Maiden Name:

PIN (must be 4 digit numeric): Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your Date of Birth or your Memorable Date.

Memorable Date (DDMM): Please do not use your own birthday or replicate your PIN.

Clue to Memorable Date:

If you wish to appoint an additional Programme Administrator in the future, you can do so using a separate form available from your American Express representative.

4. Data Protection

American Express Services Europe Limited undertakes not to transfer personal data contained in this application to any third parties, except as required by law or with your prior consent. American Express Services Europe Limited will not sell your data to anyone. Personal data is retained only for so long as it is necessary for the purpose of collection or as required by law.

By completing and submitting this application, you confirm that you are authorised to provide the personal data included in this application to American Express Services Europe Limited. You acknowledge that personal data provided in this application may be processed in accordance with applicable data protection law for the purposes of administering your participation in Corporate Membership Rewards. For further information on how we collect and process data, please refer to the Terms and Conditions for **American Express Corporate Membership Rewards Programme** and the Terms and Conditions applicable to your American Express Corporate Card Programme.

5. Confirmation

Please add the above person(s) as Programme Administrator(s) for the Corporate Membership Rewards Programme account listed above. The Programme Administrator nominated is authorised by the Company to carry out any activities in connection with **American Express Corporate Membership Rewards Programme** on behalf of the Company. We acknowledge that it is a requirement that the Programme Administrator hold an American Express Corporate Card and be enrolled in Corporate Membership Rewards.

Signed by the Authorised Representative or existing Corporate Membership Rewards Programme Administrator(s) for and on behalf of the Company.

Title: Mr Mrs Miss Ms Other

First Name(s):

Last Name:

Job Title:

Contact Telephone Number:
(inc. country & area code)

Email Address:

Signature:

To submit this form you can:

Email a scanned copy to CorporateMRSubmissions@aexp.com*

Post to: American Express Services Europe Limited, Corporate PA Servicing Team, UMC 87-03-014, 1 John Street, Brighton BN88 1NH, United Kingdom

Fax the form to: 01273 682777

*Please note that this email may only be used for submission of scanned forms. If sending documents by email, please remember that the internet can be insecure. For Customer Service enquiries please call 01273 608123.