

# AMERICAN EXPRESS® CORPORATE PROGRAMME INTERNATIONAL CURRENCY CARD

ICC-PA Enrolment Form-May2022

## Programme Administrator Enrolment Form

Please complete one form for each Programme Administrator ("PA") per legal entity. The form must be completed by an Authorised Signatory or a PA on behalf of the business. Please complete all fields. If there is insufficient space, please submit additional information on company letterhead, which should be dated and signed. Unless otherwise defined, any capitalised terms used in this form shall have the same meanings as those set out in the American Express Corporate Programme Terms and Conditions/ Global Master Agreement, as applicable. Please note if Master Control Account ("MCA") details are provided on this form, the PA will have access to all Basic Control Accounts ("BCA") that operate under this MCA.

**For any queries, please contact your American Express Account representative or the PA Servicing team at ICCPAServicinginbox@aexp.com or call +44 (0)1273 576849 (Dollarcad).**

### 1. Company and Account Details

Business Registered Name:	<input type="text"/>	
Business Registered Address:	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Please specify ALL the Master or Basic Account Numbers to which you wish to enrol the new PA and select the Programme type. Please note if you have multiple products under the same MCA, you will need to list the MCA for each product. For BTA, you can either provide the MCA, BCA or 15 digits Account number.		
American Express MCA or BCA number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

### 2. PA Permissions and Online Service

The PA will be authorised to administer all servicing activities of the American Express Programme(s), including nomination and approval of further PAs and approval of new Cardmember applications.

The PA will automatically be enrolled into all standard Online Service tools to help manage the Programme(s). If you wish to customise the PA's Online Service tools, please tick this box and complete the appendix on this form. ☐

### 3. Central Card and Paper Statement Delivery

If you require the PA listed in section 4 to receive Cards and/or paper Statements centrally, please provide details below. This will supersede any previous instructions. **Only one Card or paper Statement recipient is permitted per BCA and/or American Express Company Number.**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 4. PA Details

The following person is authorised to administer the Account(s) mentioned in Section 1 on behalf of the business. This includes offline servicing and access to Online Service.

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"/>
PA Residential Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
	Country: <input type="text"/>
Employer Business Name: (if different to Business Registered Name provided in section 1)	<input type="text"/>
Correspondence Address: (if different to Business Registered Address provided in section 1)	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
	Country: <input type="text"/>

If the PA or their employer is located outside the European Economic Area (EEA), or the correspondence address is outside the EEA please complete a [Global Data Transfer Form](#), unless previously completed by your business.

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## 4. PA Details (continued)

Work Telephone Number:  
(inc. country & area codes)

Work Email Address:

PA's Primary Country:

If the PA is an existing Online Service user,  
please provide their user ID (if known):

Date of Birth (DDMMYY):

Mother's Maiden Name:  
(your mother's family name at birth)

PIN (must be 4 digit numeric):

Memorable Date (DDMM):

Clue to Memorable Date:

**If the PA manages Accounts across a number of countries, please nominate your preferred primary country. The primary country defines the default language and starting page for Online Service.**

The following information will be used to confirm the PA's identity for servicing purposes and registration for Online Service. This information will be applied to all Account(s) that the PA is authorised to manage.

Nationality:

Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.

Please do not use your own birthday or replicate your PIN.

## 5. Business Authorisation and Declaration

I am signing this form on behalf of the business in my capacity as a PA ☐

I am signing this form on behalf of the business in my capacity as an Authorised Signatory ☐

The information you have given in this form is true and correct. On behalf of the business you confirm that: (i) you have informed the persons named in this form of the purposes of the processing carried out by American Express Services Europe Limited ("American Express"); and (ii) you have the authority of the other persons named in this form to disclose their details to American Express.

Where the information provided constitutes personal information, you understand that such information will be processed in compliance with applicable data protection legislation. Such personal information shall only be obtained for the purposes stated in this form. You acknowledge that personal data provided in this form may be processed in accordance with applicable data protection law for the purposes of administering your participation in the Programme(s).

For further information on how American Express collects and processes data please refer to the American Express Corporate Programme International Currency Card Terms and Conditions/Global Master Agreement, as applicable.

Where a PA is employed by an Affiliate legal entity or a third party servicing centre, you authorise American Express and/or American Express's Affiliates to send or make available to that PA/legal entity any data which the PA is entitled to receive. You shall ensure: (a) you have the authority from your employees, contractors or agents that use the Programme ("Individuals") and any Individuals of your Affiliates to request sending the data or making it available on a global basis; and (b) the consent of such Individuals is obtained where required by applicable law. American Express does not take responsibility for any information sent or made available to a PA/legal entity on such authorisation by you.

You warrant that the information herein is correct and that you will notify American Express of any changes. Signed on behalf of the business named in section 1 of this form.

Title:

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Full First and Middle Names:

Last Name:

D D M M Y Y

Signature

X

**Send completed forms by mail to: American Express Services Europe Limited, Corporate UK PA Servicing (UMC - 87-03-014), 1 John Street, Brighton BN88 1NH, England, or email to ICCPAServicinginbox@aexp.com. Please be aware that the internet and some emails services may not always be secure.**