

AMERICAN EXPRESS® CORPORATE PROGRAMME INTERNATIONAL CURRENCY CARD

ICC-PA Modification Form-May2022

Programme Administrator Modification 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. Information provided will be applied across all Account(s) the PA is authorised to manage. If there is insufficient space, please submit additional information on company letterhead, which should be signed and dated. 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 that if Master Control Account ("MCA") details are provided, 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 576 098 (Euro Card), or +31 (0) 205 048 999 (IEC EBTA).

1. Account and PA Details

Business Registered Name:	<input type="text"/>										
Business Registered Address:	<input type="text"/>										
	<input type="text"/>										
Postcode:	<input type="text"/>	Country:	<input type="text"/>								
American Express MCA or BCA/American Express Company number:	<p>If you wish to change the Account(s) the PA listed in this form is authorised to manage, please provide these details below. Please provide: the change required (add or delete), the Account(s) and the corresponding product.</p> <table border="0"> <thead> <tr> <th>Add/Delete Account Number(s)</th> <th>Product</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p>Please provide the following current information we hold on the PA below. This will help us to locate details in our systems.</p>			Add/Delete Account Number(s)	Product	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add/Delete Account Number(s)	Product										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
PA's Full Name:	<input type="text"/>										
Email address:	<input type="text"/>										
PA's Primary Country:	<input type="text"/>										
User ID (if known):	<input type="text"/>										

2. PA's Modified Details

Please fully complete all fields in section 2

The PA must provide a valid copy of their passport, or a copy of both sides of their National ID card.

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"/>
For name changes, please provide supporting documentation i.e. marriage certificate or deed poll.	
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"/>
<p>If the PA or their employer is located outside the European Economic Area (EEA), or the correspondence address is outside the EEA then you will need to complete a Global Data Transfer Form, unless previously completed by your business.</p>	
Work Telephone Number: (inc. country and area codes)	<input type="text"/>
Work Email address:	<input type="text"/>
<p>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 Services.</p>	
PA's Primary Country:	<input type="text"/>

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2. PA's Modified Details (continued)

Nationality:	<input type="text"/>	
Permanent Residential Address: (This must not be a business, PO box or care of (c/o) address)	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Photo ID Number:	<input type="text"/>	Type of document: <input type="text"/>
Photo ID Expiry Date (DDMMYY):	<input type="text"/>	
<p>The following information will be used to confirm the PA's identify for servicing purposes and registration for Online Service. This information will be applied to all Account(s) that the PA is authorised to manage.</p>		
Date of Birth (DDMMYY):	<input type="text"/>	
Mother's Maiden Name: (your mother's family name at birth. This must be one word, no spaces)	<input type="text"/>	
Verification PIN (must be 4 digit numeric):	<input type="text"/>	Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.
Memorable Date (DDMM):	<input type="text"/>	Please do not use your own birthday or replicate your PIN.
Clue to Memorable Date:	<input type="text"/>	

3. 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. ☐

4. Central Card and Paper Statement Delivery

If you require the PA listed in section 1 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"/>

5. Business Authorisation and Declaration

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 Europe S.A. ("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.

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5. Business Authorisation and Declaration (continued)

<p>Title:</p> <p>Full First and Middle Names:</p> <p>Last Name:</p>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> I am signing this form on behalf of the business in my capacity as a PA </div> <div> <input type="checkbox"/> I am signing this form on behalf of the business in my capacity as an Authorised Signatory </div> <div style="margin-top: 10px;"> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> </div> <div style="margin-top: 20px;"> <p>D D M M Y Y</p> <p><input style="width: 100px;" type="text"/></p> </div> <div style="margin-top: 20px;"> <p>Signature</p> <div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> X </div> </div> <div style="margin-top: 20px;"> <p>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 email services may not always be secure.</p> </div>
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