



Case Reference No.

Third party payment form

This form must be completed by both Accountholder and the Third party payee and returned by the Accountholder to American Express with all additional supporting documents.

Accountholder details

Title (Mr/Mrs/Miss/Ms/Other)

First Name(s)

Surname

Account number

Third party payee details

Title (Mr/Mrs/Miss/Ms/Other)

First Name(s)

Surname

Date of Birth (DD/MM/YYYY)

Address

City

Country

Postcode

Please note that we need to collect and process these personal data in order to comply with the legal obligations dictated by the AML Regulations that American Express is subject to. We will keep this information according with the period stated by these laws, regulations, litigation or regulatory investigation. Please review our link for further details and information about this data processing. (<https://www.americanexpress.com/uk/legal/online-privacy-statement.html>)