

# Account Information Update

A review of your American Express® Card account has indicated that we require some additional/updated information. Please complete this form and return to American Express to ensure the ongoing availability of your Card.

Please complete in English and CAPITAL LETTERS.

## Your Personal Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Other

First names:

Family name:

Date of birth:

American Express Card number

-     -

Nationality:

Please provide a copy of proof of your identity. Select the type of document and enter the document number:

☐ Passport ☐ Drivers licence ☐ ID Card

Document number:

Please give your **permanent home address** (including country and postal code). Care of (c/o) business/PO box addresses are not acceptable.

Address:

City:

Country:

Postal code:

Home tel number:

Mobile tel number:

Email address:

In the last year, have you, a family member or close associate (including anyone with a close business relationship, eg joint ownership of company, partnership, or anyone benefiting from any company/other entity you own) held the position of:

Head of state, minister, deputy or assistant minister? Member of parliament? Member of Supreme Court, of a constitutional court or other high-level judicial body? Member of court of auditors or of the Board of the Central Bank? Ambassador, chargés d'affaire or high-ranking officer in the armed forces? Member of the administrative, management or supervisory bodies of a state-owned enterprise?

Please tick if 'Yes' ☐

If you answered yes to any of the above, please state:

Title of role:

Name of the organisation:

Country of the organisation:

If a close associate, give names and relationship to you:

Insert Case ID Number: CL-

## Your Financial Details

Are you:

☐ Employed ☐ Self-employed ☐ Student ☐ Homemaker  
☐ Retired Other (Please specify)

Source of income:

☐ Salary ☐ Investments ☐ Trust fund/Inheritance  
☐ Savings Other (e.g. private income, Please specify)

Gross annual income:

☐ GBP£ ☐ US\$ Amount

Job title:

Years with employer/self employed:

years  months

Business/ employer's name:

Nature of Business:

Business/ employer's address:

City:

Country:

Postal code:

Tel. number:

Please complete if you are self-employed.

Accountant's name: (if self-employed)

Accountant's address:

City:

Country:

Postal code:

Accountant's Tel. number:

## Please Sign Below

By signing below, I confirm the information I have given on this form is true and correct.

Cardmember please sign here

X

Upload the form through our secure website at [americanexpress.com/uk/documentcentre](https://americanexpress.com/uk/documentcentre) or send the completed form to:  
American Express Services Europe Limited  
FAO Department 79  
1 John Street  
Brighton  
BN88 1NH  
United Kingdom

**IMPORTANT.** Please ensure you provide:

- Proof of your address (e.g. Utility bill or bank statement dated within the last three months.)
- Copy of your passport, drivers licence or identity card.