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AMERICAN EXPRESS® INTERNATIONAL CURRENCY CORPORATE CARD

International Currency Card_Cardmember_App_July 2025

Cardmember Application Form

Please complete this application ON YOUR COMPUTER. If you cannot complete it on screen you may print this application and complete it in CAPITALS with black ink. All fields MUST BE completed in order for this application to be processed. Unless otherwise defined in this form, any capitalised terms used in this form shall have the same meanings as those set out in the American Express International Currency Corporate Card Cardmember Terms and Conditions.

Card Type: (Fees may apply - see terms and conditions attached to this Application Form)

Green Corporate Card [checkbox] Gold Corporate Card [checkbox]

Liability Type: Full Corporate Liability [checkbox]

Currency Type: Euro [checkbox]

1. Applicant Details

Title: Mr [checkbox] Mrs [checkbox] Ms [checkbox] Miss [checkbox] Other [checkbox]

Full First and Middle Name(s): [input] As they appear on your proof of ID or other official documentation

Last Name: [input]

Please provide your name as you wish it to appear on the Card in no more than 20 letters and spaces: [input] Initials for first names are acceptable

Permanent Residential Address: [input] (Max 20 characters)

(This must be your main residential address. This must not be a business, PO box or Care of (c/o) address) [input] (Max 20 characters)

[input] (Max 20 characters)

Postcode: [input] Country: [input]

Please supply a copy of valid photo ID (Passport or a copy of both sides of National ID card or Residence Permit) and valid address proof of home/work, along with your application form.

Mobile Telephone Number: [input] (inc. country code)

Date of Birth (DDMMYYYY): [input] Nationality: [input]

ID Number: [input] (Max 20 characters)

ID Expiration Date: [input] Type of document: [dropdown]

Company Name: [input] (Max 20 characters)

Office Address: [input] (Max 20 characters)

[input] (Max 20 characters)

[input] (Max 20 characters)

Postcode: [input] Country: [input]

Office Telephone Number: [input] (inc. country and area code)

Mother's Maiden Name: [input] (Max 20 characters) (your mother's family name at birth)

E-mail Address (This will only be used for servicing purposes by American Express): [input]

Job Title: [input] (Max 20 characters)

Employee Number (if applicable): [input] (Max 10 characters)

Cost Centre (if applicable): [input] (Max 10 characters)

Please provide the card number of any other American Express Cards you hold: [input] [input] [input]

Office address as provided above [checkbox] Residential address as provided above [checkbox]

Card Delivery: Your Card will be delivered to the address selected above unless your Company has arranged to distribute it centrally. Note: Address proof to be provided of the address where card delivery is requested on the above check box.

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2. Bank Details

Your bank details are required for identification and verification purposes in compliance with Law 10/2010, of 28 April, on the prevention of money laundering and terrorist financing.

Account Holder Name: [input field]

Bank Name: [input field]

IBAN Account Number: [input field]

BIC (8 or 11 digits): [input field]

Please provide the above details in case of Individually settled accounts only. Also, provide a Bank certificate which consists of bank holder name, IBAN and BIC as provided above and should be issued within 90 days of application sign date.

3. Individual Declaration

As a Cardmember you are entitled to certain business travel insurance benefits. Please read and ensure that you understand the Insurance Key Information which can be found at:

[americanexpress.com/en-iec/cards/green-card](https://www.americanexpress.com/en-iec/cards/green-card) - for IEC Green Corporate Cards

[americanexpress.com/en-iec/cards/gold-card](https://www.americanexpress.com/en-iec/cards/gold-card) - for IEC Gold Corporate Cards

The continuing provision, scope and terms of the business travel insurance benefits may be changed or cancelled by us or the third party insurance provider at any time. Wherever possible, we will give you or your Company at least sixty (60) days' advance notice of any detrimental changes to or cancellation of the insurance benefits.

If you are unclear about the insurance terms please call Customer Service on +44 (0) 1273 868 900 before continuing with your application.

By signing below, you confirm that you have reviewed the American Express International Currency Corporate Card Cardmember Terms and Conditions from <https://www.americanexpress.com/en-iec/> and agree to those Terms and Conditions.

You acknowledge and agree that American Express Europe S.A. ("American Express") and/or its representatives will contact any source, including credit reference agencies, to obtain information they require to establish the Account including, but not limited to, information required to establish your identity. Unless your Account has Full Corporate Liability, you further authorise American Express and/or its representatives to complete credit checks to establish the Account.

You understand that American Express may decline this application without giving a reason and without entering into any correspondence.

Applicant's Signature: [signature box with 'x' mark]

D D M M Y Y [date input field]

Internal use only

PCN: [input field]

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Cardmember Application Form

Euro Accounts only – Individually Settled

SEPA Direct Debit Recurrent Mandate

Please provide your bank details to instruct your Bank to make payments directly from your account for your recurring charges, that will also be used by American Express Europe S.A. to return any positive balance on the Account.

Bank Name: [input field]

IBAN Account number: [input field]

BIC (8 or 11 digits): [input field]

Signature

SEPA Monthly Direct Debit Mandate

American Express SEPA Creditor ID: GB03ZZZSDDDEUT000000165752

Recurrent payment

By signing this mandate form, you authorise American Express Europe S.A. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from American Express Europe S.A.

As part of your rights, you are entitled to a refund from your bank under the Terms and Conditions of your agreement with your bank. A refund must be claimed as soon as possible and at the latest within eight (8) weeks starting from the date on which your account was debited.

The undersigned herewith authorises American Express Europe S.A. (until further notice) to take the full statement amount from the above mentioned bank account number.

- I confirm that the amounts to be debited are variable and may be debited on various dates.
• I shall duly notify American Express Europe S.A. if I wish to cancel this mandate.

Date: [DD|MM|YY|YY]

Signature:

Place: [input field]

x

Banks and building societies may not accept SEPA Direct Debit Instructions for some types of accounts.

Internal use only

Cardmember Account Number: [input field]

Basic Control Number: [input field] Ref: [input field]