



THIRD PARTY NOMINEE FORM

I (name Main Card Member)

HEREBY AUTHORIZE

American Express to disclose and share information pertaining to my American Express Card Account* with the person nominated within this authorization form. The information provided to the nominated third party can include all information to the Card Member account. This includes and is not limited to: balance information, billing specifications and the possibility to activate the Card account for use.

I approve the exchange of data between the nominated third party and American Express. This approval extends to the nominated third party's use of, and payment for, the following Services: (Please sign and fill out the Card Account number).

Card account number: **3753**

(Main Card Member)

Card enquiries <ul style="list-style-type: none">• Information on recent transactions• Issues with card usage (malfunctioning)	Financial transactions <ul style="list-style-type: none">• Membership Rewards redemptions• Insurance claim
Non financial transactions <ul style="list-style-type: none">• Card activation (Main card an/or Sub cards)• Blocking of Card in case of theft, loss, etc.• Card replacement• Copy statement• Raise disputes	Extra for Centurion members <ul style="list-style-type: none">• Use of Centurion Travel & Lifestyle Services by American Express Europe S.A.

* This third party nominee form is valid for all Card numbers that belong to the Card account of the Main Card Member.

NAME OF NOMINATED THIRD PARTY

As the nominated third party, I am aware of the content of this agreement and shall at all times uphold the confidentiality of the card account data.

Relationship to Main Card Member

Date of birth**

Preferred security code**

(This is a 4-digital code, to be chosen personally)

Daytime Telephone number

Signature of nominated Third party

X

(Above 18 years of age)

** This information can be used for verification.

This authorization is valid from the specified date and ends upon either written withdrawal of this agreement or the termination of my American Express membership. I am aware that I remain solely responsible the exchange of data and that any transactions made by the nominated third party are for my account.

Town

Date

Signature Main Card Member

X

By sharing this information you agree with the collection and processing of your personal data. Your data shall be used in accordance with the privacy policy of American Express. For more information visit: [Online Privacyverklaring](#).

Please complete, print, sign and email this form to us:

American Express S.A., Return number 47808, 1070 VB Amsterdam

Please note that all fields in this form must be completed for us to process it.