

AMERICAN EXPRESS® CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Sweden

This form may be used to nominate a Programme Administrator ("PA") for your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA, on behalf of the Company.

NOTE:

- One form is required per legal entity
- One form is required per PA enrolment
- All fields of the relevant sections **MUST BE** completed in order for this form to be processed (unless otherwise stated)

Please save this PDF Form and open it with Adobe Acrobat to make it function correctly. Complete this form on a computer. When completed, return it by email or mail provided at the bottom of this form. Please note that the internet can be unsecure and therefore we recommend you use a secure encryption method when sending personal data and/or documentation to us via email to safeguard your personal data.

1. Company and Account Details

Company Registered Name:

Company Registered Address:

Postcode & City:

Country:

Organisation Number:

American Express Master Control Account Number or Basic Control Account Number:

Please provide details of the Company Account(s) the PA is authorised to manage.

In case the PA is authorised to manage multiple Company Accounts, but not the complete Master Control Account please provide each relevant Basic Control Account Number:

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2. PA Details

First Name(s):	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address:	<input type="text"/>	
Postcode and City:	<input type="text"/>	
Country:	<input type="text"/>	
Personal ID Number (YYMMDD-NNNN):	<input type="text"/>	Please provide a certified copy of ID*
<p><i>If you don't have a Swedish Personal ID, please provide date of birth, city of birth, country of birth and nationality below as well as a certified copy of ID**. If you don't have a permanent address in a Nordic country, please also provide Proof of address***</i></p>		
Date of Birth (DDMMYY):	<input type="text"/>	Please provide a certified copy of a valid passport or EEA National Identity Card**
City of birth:	<input type="text"/>	
Country of birth:	<input type="text"/>	
Nationality:	<input type="text"/>	
Employer Company Name: (if different to Company Registered Name provided in section 1)	<input type="text"/>	
Correspondence Address: (if different to Company Registered Address provided in section 1)	<input type="text"/>	
Postcode & City:	<input type="text"/>	
Country:	<input type="text"/>	
Work Telephone Number (inc. country and area codes):	<input type="text"/>	
Work Email Address:	<input type="text"/>	
<p>If the PA manages Company Accounts across a number of countries, please nominate your preferred primary country.</p>		
PA's Primary Country:	<input type="text"/>	
<p>The PA will be required to provide the following information for identification and access purposes.</p>		
Verification PIN (must be 4 digits):	<input type="text"/>	Please do not choose sequential or repetitive numbers (such as 1234 or 5555), your birthday or your Memorable Date.
Memorable Date (DDMM):	<input type="text"/>	Do not use a date that is the same as your Verification PIN and do not use your Birthday, 2412 or 0101 or any other date that is too transparent.
Clue to Memorable Date:	<input type="text"/>	
Password:	<input type="text"/>	<p>Password will only be used over the phone and is not the same as the password that is used for online services. Password can consist of both letters and digits.</p>

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3. Information about a Politically Exposed Person (PEP)

Are you a politically exposed person or a family member or known associate to such a person?

- ☐ I am not a politically exposed person.
- ☐ I am a family member or known associate to a politically exposed person.
- ☐ I am a politically exposed person.

Provide the position, title, country and organisation of the politically exposed person

Position:

Title:

Country:

Organisation:

4. PA Permissions

The PA will be enrolled as **Servicing PA** and be authorised to administer all servicing activities of the American Express Programme(s) provided in section 1.

- ☐ Please tick box if you instead wish to enrol the PA as a **Signatory Rights PA**, i.e. in addition to administering all servicing activities, the PA can approve Cardmember applications and nominate additional PAs.

5. Online Service

If the PA is an existing Online Service user, please provide their user ID (if known):

The **PA** will be automatically enrolled into all standard Online Services to help manage the Programme(s).

- ☐ Please tick the box if you wish to limit the PA's Online Services and complete the "Customised Online Access" section which will display below.

Customised Online Access

Please select from the options below for the Programme(s) the PA nominated in section 2 is authorised to manage.

Card: ☐ Online Programme Management (Corporate Card only)

☐ Reporting (Standard/Customised)

Business Travel Account: ☐ BTACConnect/Online Statements

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6. 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 person 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 person 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 Terms and Conditions/Global Master Agreement, as applicable.

Where a PA is employed by an Affiliate legal entity or a third party servicing centre outside the United Kingdom (UK) or European Economic Area (EEA) or whose correspondence address is outside the UK or EEA that you wish American Express to send data or data files on your behalf, you hereby authorise and request American Express and/or American Express's Affiliates to send, transmit, provide, provide access to or make available certain data relating to you and your Affiliates' individual employees, contractors or agents who use the Services to that PA/Affiliate 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 agree that American Express will effectuate the transfers upon your request with no liability for the further processing undertaken by the PA/Affiliate legal entity.

You warrant that you have complied with and will continue to comply with all applicable rules, regulations, judicial or governmental authorities to authorize the transfer of the data as provided for herein and 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.

☐

I am signing this form on behalf of the Company in my capacity as a Signatory Rights PA

☐

I am signing this form on behalf of the Company in my capacity as an Authorised Signatory as per trade register and attach a certified** copy of a valid passport or EEA National Identity Card

First Name(s):

Last Name:

Personal ID Number (YYMMDD-NNNN):

Please provide a certified copy of ID*

☐

I do not have a Swedish ID number or I am not registered in the Swedish population register.

Date of Birth (DDMMYY):

Please provide a certified copy of a valid passport or EEA National Identity Card**

Work email address:

Job Title:

Authorised Signature

D D M M Y Y

X

If additional Company Authorised Signatory is required to sign this form, please click the button add more signatories.

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We accept both handwritten and email signature. If you sign by email, please send the completed form to CorporateCardSweden@aexp.com from the personal business email address of the Signatory Rights PA or Authorised Signatory and write "Take this as my signature to the attached form" in the email. If more than one Authorised Signatory is required to sign, please forward the signed email with the form attached to the next Signatory to sign before sending the completed form to American Express.

In case of handwritten signature, please return the signed form by email to CorporateCardSweden@aexp.com or by post to American Express Europe (Sweden branch), 106 82 Stockholm, Sweden.

Please make sure that the Business Authorisation and Declaration section is completed before sending the document.

7. Documentation

[Add certified ID Copy]

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[Add certified ID Copy]

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[Add certified ID Copy] **Add the box if the button "add more signatories" is clicked.**

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[Add certified ID Copy] **Add the box if the button "add more signatories" is clicked.**

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[Place for Proof of address]

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*Certified copy:

Another person must certify that the copy matches the original. This person must write "certified" and sign their name (with name clarification) and add their contact details. The individual must be of legal age. The following Government issued identity documents are acceptable.

- Valid Passport
- Valid EEA National Identity Card containing Date of Birth and Nationality
- Valid Swedish Identity Card (only applicable when applicant lives in Sweden)
- Valid Swedish Driving License (only applicable when applicant lives in Sweden)

***Following documents are acceptable as Proof of Address verification in an original or copy form:

- Electricity, Gas or Water statement
- Bank or Building Society statement
- Rent slip ("hyresavi")
- Landline Telephone statement
- Social insurance document ("försäkringskassan")
- Cable, Satellite, TV or Internet bill
- Annual Mortgage statement
- Government issued correspondence, i.e., tax bill, income tax bill

GCS SE PA Enrolment Form January 2025

American Express Europe (Sweden branch) S.A., filial, registered with Bolagsverket (the Swedish Companies Registration Office), branch register number 516411-3911. Address: Tegelluddsvägen 21, 115 41 Stockholm. A branch under the supervision of Finansinspektionen (the Swedish Financial Services Authority), and registered in the Swedish Financial Services Authority's company registry (number 82862). A branch of American Express Europe S.A., which has its registered office at Avenida Partenón 12-14, 28042, Madrid, Spain and is a company registered in Spain with the Registro Mercantil Central (Central Commercial Registry) under number A-82628041 and authorised by the Banco de España (the Central Bank of Spain) for the provision of payment services (number 6837).