

AMERICAN EXPRESS® CORPORATE PAYMENTS

Programme Administrator Removal Form - Sweden

This form may be used to remove existing Programme Administrators ("PAs") from your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA on behalf of the Company.

Please note that by completing this form, the individual(s) listed below will be deleted from our records, for all Sweden accounts only. If you wish to amend the access a Programme Administrator has to a Programme, please complete a Programme Administrator Modification Form.

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 Details

Company Registered Name:	<input type="text"/>
Company Registered Address:	<input type="text"/>
	<input type="text"/>
Postcode & City:	<input type="text"/>
Country:	<input type="text"/>
Organisation Number:	<input type="text"/>

2. PA Details

Please provide details of Programme Administrators you wish to remove from your Programme. If you wish to remove more than four Programme Administrators, please complete an additional Programme Administrator Removal Form. To remove a PA from a specific Basic Control Account (BCA), please use the Programme Administrator Modification Form.

First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>
First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>

First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>

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2. PA Details (contd.)

Online Service User ID (if known):

Programme Administrator's

Primary Country:

American Express Master Control

Account Number:

First Name(s):

Last Name:

Work Email Address:

Online Service User ID (if known):

Programme Administrator's

Primary Country:

American Express Master Control

Account Number:

3. 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 persons named in this form of the purposes of the processing carried out by American Express Services Europe Limited ("American Express"); and (ii) you have the authority of the other persons 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. More information can also be found in our Online Privacy Statement on our website <https://www.americanexpress.com/se/legal/sekretess/sekretesspolicy/index.html>

- ☐ 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

First Name(s):

Last Name:

Personal ID Number (YYMMDD-NNNN):

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

Date of Birth (DDMMYY):

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.

4. Documentation

[Add certified ID Copy]



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[Add certified ID Copy]

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Programme Administrator Removal Form - Sweden

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



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Programme Administrator Removal Form - Sweden

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



AMERICAN EXPRESS CORPORATE PAYMENTS

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[Add Proof of residential address]

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[Add Supporting documents]

*Certified copy of ID:

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

Only applicable when applicant lives in Sweden

- Valid Swedish Driving License
- Valid Swedish Identity Card

**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 Removal Form December 2024

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