

American Express® Corporate Card

Cardmember Cancellation Form

Upon completion, please email to [CASTSingapore@aexp.com](mailto:CASTSingapore@aexp.com) or fax to 800 186 0034.

COMPANY DETAILS

Company Name: \_\_\_\_\_  
Corporate ID: \_\_\_\_\_  
Cost Centre Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Telephone No.\*: ( ) \_\_\_\_\_  
Business Fax No.\*: ( ) \_\_\_\_\_

\*Please do not provide any telephone numbers or fax numbers that are reserved for non-business use.

CARD CANCELLATION

Cardmember's Name: \_\_\_\_\_  
Last Name First Name

Cardmember's Card Number:

3 7 6 2 - -  
(Please provide a photocopy of the front and back of your Card.)

Corporate ID Number: \_\_\_\_\_

Reason for cancellation (please check relevant boxes):

- Resignation/relocation/retirement
- Low usage/acceptance rate
- Change of company's policy
- Dissatisfaction with service
- Liquidation/closure of company
- Deceased
- Others (Please state) \_\_\_\_\_

MANDATORY

The individual signing below on behalf of the above-named Company warrants that he/she is authorised to do so.  
By signing and transmitting an electronic signature on this document, I confirm that this electronic signature shall be binding. I agree to promptly execute and deliver an original signed document upon request.  
I/We consent to the collection, use, disclosure and processing of personal information in accordance with the privacy terms in the American Express Corporate Card agreement.

Company Stamp	Authorised Signatory	Date
	Authorised Signatory's Name	Position in Company