

American Express® Corporate Card

Account Transfer Form

Upon completion, please email to CASTSingapore@aexp.com or fax to 800 186 0034.

COMPANY INFORMATION

Company Name: _____

Programme Administrator's Name: _____
Last Name First Name

Business Phone Number*: _____

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

Existing CID Number: | | | | | | | | | | | | | | | | | | | | | |

New CID Number: | | | | | | | | | | | | | | | | | | | | | |

If you do not know what is your existing CID, please contact CAST at 1800 732 2566.

To transfer all Cardmembers, please complete section (i). To transfer some Cardmembers, please complete section (ii).

CARDMEMBER PARTICULARS

(i) If you would like to transfer **all** Cardmembers under the existing Corporate ID (CID) to the new Corporate ID (CID), please check this box.

(ii) If you would like to transfer **some** Cardmembers under the existing Corporate ID (CID) to the new Corporate ID (CID), please complete below.

1. Cardmember's Name: _____
Last Name First Name

Cardmember's Card Number:

| 3 | 7 | 6 | 2 | - | | | | | | | | | | - | | | | | | | | | |

2. Cardmember's Name: _____
Last Name First Name

Cardmember's Card Number:

| 3 | 7 | 6 | 2 | - | | | | | | | | | | - | | | | | | | | | |

3. Cardmember's Name: _____
Last Name First Name

Cardmember's Card Number:

| 3 | 7 | 6 | 2 | - | | | | | | | | | | - | | | | | | | | | |

4. Cardmember's Name: _____
Last Name First Name

Cardmember's Card Number:

| 3 | 7 | 6 | 2 | - | | | | | | | | | | - | | | | | | | | | |

If there are more Cardmembers to be transferred, please complete additional copies of this form.

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: