

Change of Information Form

Please complete the relevant section/s for the change required

Section 1: Change of Company Details

Section 2: Change in Future Application Authorisation

Section 3: Change in Programme Administrator

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

SECTION 1: CHANGE OF COMPANY DETAILS

Company Name: _____

Company Corporate IDs applicable to this change:

This change affects the highest level ID (i.e. change will apply to all IDs)

This change affects only the following Company IDs (please list):

Cost Centre Name: _____

Company Name Change (if applicable): _____

(Please provide certificate of name change; new Company name will appear on new Cards)

Change of Company Address: _____

_____ Postal Code: _____ Country: _____

New Business Telephone No.*: () _____ New Business Fax No.*: () _____

The change of address applies to (please tick where applicable): Additional Contact Card Distribution Recipient

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

SECTION 2: FUTURE APPLICATION AUTHORISATION

Last Name: _____ First Name: _____

Business Address: _____

_____ Postal Code: _____

Business Email Address*: _____

(Your email address is mandatory as a means to contact you should more information be required from you regarding the Corporate Card Account.)

Business Telephone No.*: _____

Signature of New Future Application Authorisation

SECTION 3: PROGRAMME ADMINISTRATOR

Please update the following individual as the Administrator for the role checked below:

Last Name: _____ First Name: _____

Business Address: _____

Postal Code: _____

Business Email Address*: _____

(Your email address is mandatory as a means to contact you should more information be required from you regarding the Corporate Card Account.)

Business Telephone No.*: _____

Programme Administrator Card Distribution Recipient Master Programme Administrator (^@ Work)

Please remove the following individual as the Administrator for the role checked below:

Last Name: _____ First Name: _____

Programme Administrator Card Distribution Recipient Application Approver

Master Programme Administrator (^@ Work)

New Card Delivery Address: _____

CHANGE OF CARD MEMBER SPENDING LIMIT

Card Member's Name: _____
Last Name First Name

Card Member's Card Name: _____
(Please provide a photocopy of the front and back of your Card)

Current Limit: S\$ _____ New Limit: S\$ _____

If there are more Card Members who need to have their spending limits changed, please complete additional copies of this form.

MANDATORY

I confirm that I am authorised to make the changes provided in this form. 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
Company's Name:

Signature of Authorised Signatory	Date
Authorised Signatory's Name:	Position in Company:

^@ Work enables you manage your Card Program online. Separate enrolment form is required to complete set up.

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.