

ASSIGNING A NEW CORPORATE MEMBERSHIP REWARDS PROGRAMME ADMINISTRATOR

Please use **BLOCK** letters to complete this form.

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

COMPANY INFORMATION

COMPANY NAME:	<input type="text"/>
CORPORATE IDENTITY NUMBER (BCA):	<input type="text"/>
CORPORATE MEMBERSHIP REWARDS ACCOUNT NUMBER:	<input type="text"/>

EXISTING CORPORATE MEMBERSHIP REWARDS PROGRAMME ADMINISTRATOR

FIRST NAME(S):	<input type="text"/>
LAST NAME:	<input type="text"/>
CARD NUMBER:	<input type="text"/>

NEW CORPORATE MEMBERSHIP REWARDS PROGRAMME ADMINISTRATOR

We nominate the following employee as the Corporate Membership Rewards Programme Administrator who is authorised to carry out any and all activities in connection with the **American Express Corporate Membership Rewards** programme on behalf of our company. We acknowledge that it is a requirement that the Programme Administrator hold an American Express Corporate Card and be enrolled in Corporate Membership Rewards. Please refer to the **American Express Corporate Membership Rewards** programme Terms and Conditions (go.amex/sgcmrtncs) for full details of the Programme Administrator's responsibilities.

Note: If the Programme Administrator is not currently a Corporate Card Member, please complete a Corporate Card application to set up a Corporate Card Account.

TITLE:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER <input type="text"/>
FIRST NAME(S):	<input type="text"/>
LAST NAME:	<input type="text"/>
AMERICAN EXPRESS CORPORATE CARD NUMBER	<input type="text"/>
DESIGNATION:	<input type="text"/>
BUSINESS TELEPHONE NUMBER^:	<input type="text"/>
BUSINESS EMAIL ADDRESS^:	<input type="text"/>

(This is mandatory as a means to contact you should more information be required from you regarding the Corporate Membership Rewards programme.)

NEW PROGRAMME ADMINISTRATOR SIGNATURE:

X

All Corporate Membership Rewards programme fees and adjustments will be charged to the Programme Administrator's Corporate Card. American Express will use the email address registered to the Corporate Membership Rewards Programme Administrator for programme communication. The GST invoices for the Corporate Membership Rewards programme fees will be sent to the postal address of this Card.

CONFIRMATION

Please add the above person as Programme Administrator for the Corporate Membership Rewards account listed above.

Signed by the Authorised Signatory or existing Corporate Membership Rewards Programme Administrator for and on behalf of the company.

TITLE: MR MRS MISS MS OTHER

FIRST NAME(S):

LAST NAME:

DESIGNATION:

BUSINESS TELEPHONE NUMBER^:

BUSINESS EMAIL ADDRESS^:

(This is mandatory as a means to contact you should more information be required from you regarding the Corporate Membership Rewards programme.)

SIGNATURE:

Please email a scanned copy of your completed and signed form to cmrsubmissions.sg@aexp.com for processing*

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 Membership Rewards Programme Terms and Conditions and in the American Express Corporate Card agreement.

*Please note this email address may only be used for the purpose of submissions of applications, cancellations or changes relating to the Corporate Membership Rewards programme. Unfortunately, we are unable to reply from this email address if correspondence is not related to the topics indicated.

