

CANCELLATION OF CARD ENROLMENT

We hereby confirm that we wish to remove the following Card Members from the American Express Corporate Membership Rewards programme.

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:

CORPORATE IDENTITY NUMBER (BCA):

CORPORATE MEMBERSHIP REWARDS ACCOUNT NUMBER:

CARDS TO BE CANCELLED FROM THE CORPORATE MEMBERSHIP REWARDS PROGRAMME

FIRST NAME(S):

LAST NAME:

CARD NUMBER:

FIRST NAME(S):

LAST NAME:

CARD NUMBER:

FIRST NAME(S):

LAST NAME:

CARD NUMBER:

CONFIRMATION

Please cancel American Express Corporate Membership Rewards programme enrolment for the Cards listed in Section 2.
Requested by the Authorised Signatory or Corporate Membership Rewards Programme Administrator for and on behalf of the company.

TITLE: MR MRS MISS MS OTHER

FULL 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 this cancellation.)

SIGNATURE:

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

*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.

