

Global Data Transfer Form - Modification Request

This form is only to be completed when a modification is required to an existing Global Authorisation & Direction and/or Global Data Transfer Form. Please complete the information below if you wish to a) add client affiliates or client nominated consolidators to the list of data recipients or b) add countries to the data files transferred by American Express:

1. Client Information

Client Registered Name:	<input type="text"/>
Master Account Number or Basic Account Number or American Express Company Number or Company ID:	<input type="text"/>

2. Data Recipients

If you would like to provide additional information, please provide details on Company letter headed paper, dated and signed, and submit with this form. Please include your Client account number on the attached document.

Client Affiliates

Please provide details of the client affiliates that you wish American Express to send data or data files on your behalf.

Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Client Affiliate Name:	<input type="text"/>
Client Affiliate Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>

Nominated Consolidator

Please tick the box to indicate the nominated consolidator(s) that you wish American Express to send data or data files on your behalf.

Consolidator:	<input type="checkbox"/> Concur Technologies, Inc 601 108th Ave NE, Suite 1000 Bellevue, WA 98004	<input type="checkbox"/> BCD Travel USA LLC Six Concourse Pkwy N, Suite 2400 Atlanta, GA 30328-0000	<input type="checkbox"/> IBM Corporation 150 Kettletown Road, Southbury, CT, 06488
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If the consolidator(s) is/are not listed above please provide further details below.

Consolidator Name:	<input type="text"/>
Consolidator Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Consolidator Name:	<input type="text"/>
Consolidator Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>



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2. Data Recipients (Continued)

Country List

If you would like to add new countries where data needs to be transferred to your consolidator and/or affiliate, please list the countries below:

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<div></div>	<div></div>
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<div></div>	<div></div>

3. Client Authorisation

We warrant that the information herein is correct and we will notify American Express of any changes. We authorise American Express to make changes to the existing Global Authorisation and Direction/Global Data Transfer Form dated:
D D M M Y Y

By signing this form we accept that the terms and conditions we agreed to in the Global Authorisation and Direction/Global Data Transfer Form shall remain binding and unchanged.

Authorised Signature

X

D D M M Y Y

Full First and Middle Name(s):

Last Name:

Job Title:

Once completed, signed and dated, please return to your American Express Representative. For Concur, please return the completed form to cc-eOperator@concur.com. When sending documents via email, please remember that the internet can be insecure.