

AMERICAN EXPRESS® CORPORATE MEANS OF PAYMENT®

Program Administrator (PA) Registration Form

Complete a form for each Program Administrator, hereinafter ("PA"), per legal entity. The form should be completed by the Company's legal representative or attorney-in-fact. Please complete all the fields. We inform you that if all the details of the Master Account are supplied on this form, the PA will have access to all the Basic Accounts ("BCA") that operate under this Master Account.

(Complete and send the form by email to Corporate.unit.madrid@aexp.com or by post to American Express Europe, S.A., Corporate Card Department, Avenida Partenón 12-14, 28042 Madrid, Spain. **Please remember that the Internet may not be secure so in order to protect your personal data we recommend that you use a secure encryption method when you send us personal data and/or documentation by email).**

For any queries, please contact the Program Administrator (PA) Support team by telephone on: 900 816 523

1. Company details

Company Name:	<input type="text"/>	
Company NIF or fiscal licence number:	<input type="text"/>	
Registered office:	<input type="text"/>	
City:	<input type="text"/>	Post Code: <input type="text"/>
	Country: <input type="text"/>	
Please give details of the account(s) that the PA is authorised to administer and the product(s) to which they refer.		
American Express MCA or BCA number For the BTA, give the 15 digits of the account:	Account number <input type="text"/>	Product(s) <input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Corporate Membership Rewards:	If the PA named in section 2 administers the Corporate Membership Rewards Program (CMR), give the 12-digit number of the CMR account or the 15-digit card number <input type="text"/>	

2. Details of the Program Administrator (PA)

The following person is authorised to administer the aforementioned Account(s) on behalf of the company. This includes telephone management and access to Online Services in accordance with the Conditions of the Online Service.
The PA will be registered in Online Services to help them Administer the Program.
The PA will not be authorised to approve Card applications or register another Program Administrator.

Name and surnames:	<input type="text"/>	
Company name	<input type="text"/>	
(if different from that given in section 1):	<input type="text"/>	
Company address	<input type="text"/>	
(if different from that given in section 1):	<input type="text"/>	
City:	<input type="text"/>	Post Code: <input type="text"/>
Country:	<input type="text"/>	
Residential address:	<input type="text"/>	
City:	<input type="text"/>	Post Code: <input type="text"/>
Country:	<input type="text"/>	

Signature of the Attorney-in-fact representing the Company:



Given name and surname

Date

Signature of second Attorney-in-fact: (in the case of joint attorneys-in-fact)



Given name and surname

Date

I declare and warrant that the information I have supplied on this form is correct and accurate and I will comply with all applicable rules, regulations, and applicable judicial or governmental authorities to authorize the transfer of data as provided herein and that I will notify American Express Europe, S.A. of any change. When a PA is employed by an affiliated legal entity or an external service centre outside the European Economic Area (EEA) or whose mailing address is outside the EEA and you want American Express to send data or data files on your behalf, on behalf of the Company and in my capacity as Attorney-in-fact I hereby authorize American Express Europe, S.A. and/or its affiliates to send, transmit, provide, access, or otherwise make available certain data relating to the Company, the Company's employees, contractors, or individual agents of its affiliates who use that PA/legal entity's Services any information that the PA is entitled to receive. I understand that I must: (a) ensure that I have the authorisation of the Company's employees, contractors or agents who use the Program ("Individuals") and of any Individual belonging to their Subsidiaries to request data to be sent or made available at a worldwide level; and (b) obtain the consent of said individuals when required to do so by applicable law. I understand that American Express Europe, S.A. will not be the data controller of the information sent or made available to a PA/legal entity as a result of such authorisation by me. I agree that American Express Europe, S.A. will make the transfers at the request of the Company, without responsibility for the further processing carried out by the PA/legal entity.

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2. Details of the PA (2)

Office Telephone Number (including country code):

Email:

If the PA administers Accounts in several countries, please state their preferred main country. The main country defines the predetermined language of the Online Services' home page.

PA's main country:

If the Program Administrator is an existing user of Online Services, give their user ID (if known):

Date of birth (DDMMYY):

ID Number:

Verification PIN (4 numeric digits):

Do not use sequential or repetitive numbers, such as 1234 or 5555, your Date of Birth or your Memorable Date.

Memorable Date (DDMM):

Do not use your Birthday or repeat your PIN

Clue for remembering the Memorable Date:

3. Permisos del PA y Servicios Online

X The PA will be automatically registered to access all the standard Online Services for handling the Program(s). If you want to select the PA's specific access, please select this box ☐ and complete the appendix at the end of this form. Please also complete sections 4 and 5.

4. Centralised reception of Cards and Statements of Account

If the PA requires centralised delivery of the Card or printed Statements, indicate the account(s) below. Important: only one Card or printed Statement recipient per BCA or American Express Company number is permitted.

5. Authorisation and Declaration by the Program Administrator

I declare and acknowledge that the information I have given on this form is correct and accurate. I confirm that I have been informed concerning the purposes of the data processed by American Express Europe, S.A. When the information provided constitutes personal information, I understand and acknowledge that such information will be processed in accordance with the applicable legislation on data protection. I understand that personal information will only be obtained for the purposes indicated on this form, and that said information will be processed in accordance with the applicable legislation on data protection in order to administer the Company's participation in the program(s). I understand that for more information on how American Express Europe, S.A. collects and processes my data I can consult the general conditions that apply to the American Express Corporate Payment Programs

Given name and surname

Date

Signature of the PA

X

Signature of the Attorney-in-fact representing the Company:

X

Given name and surname

Date

Signature of second Attorney-in-fact: (in the case of joint attorneys-in-fact)

X

Given name and surname

Date

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APPENDIX – PERSONALISED ONLINE ACCESS

Please select the Program option(s) below that the PA named in section 2 is authorised to administer. Online tools selected as optional will not be provided by default.

Corporate Card / B2B Card / Travel

- | | | |
|---|---|---|
| <input type="checkbox"/> Online Management of the Program | <input type="checkbox"/> MR @ Work Corporate program (optional) | <input type="checkbox"/> COPA (optional) ⁽¹⁾ |
| <input type="checkbox"/> Standard/Personalised Reports | | |

CMC

- | | | |
|---|--|---|
| <input type="checkbox"/> Online Management of the Program | <input type="checkbox"/> Standard/Personalised Reports | <input type="checkbox"/> COPA (opcional) ⁽¹⁾ |
|---|--|---|

CPC Account

- | | | |
|---|--|---|
| <input type="checkbox"/> Online Management of the Program | <input type="checkbox"/> Standard/Personalised Reports | <input type="checkbox"/> COPA (opcional) ⁽¹⁾ |
|---|--|---|

BTA

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> BTA Online | <input type="checkbox"/> BTA Connect |
|-------------------------------------|--------------------------------------|

vPayment

- | | |
|--|--|
| <input type="checkbox"/> Standard/Personalised Reports | <input type="checkbox"/> NetService ⁽²⁾ |
|--|--|

vPayment (vNG)

- | | |
|---|--|
| <input type="checkbox"/> Personalised Reports | <input type="checkbox"/> Online Statement of Account |
|---|--|

BIP

- | | |
|--|--|
| <input type="checkbox"/> BIP Solutions (Administrator) | <input type="checkbox"/> Online Statement of Account |
|--|--|

(1) By selecting the COPA (Corporate Online Payments Allocation) option, you agree to the user having access to "allocation" (the alternative is "read only") unless notified otherwise.

(2) NetService is an Online Account control tool. It has to be registered in the system. Your contact person at American Express can provide you with further information.

Signature of the Attorney-in-fact representing the Company:


Given name and surname

 Date
Signature of second Attorney-in-fact: (in the case of joint attorneys-in-fact)


Given name and surname

 Date

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