

Company data update form

Data included in this application will be treated strictly confidentially

Please complete, sign and send the form to the following address: American Express Europe, S.A., Business Service Department. Avenida Partenon 12-14, 28042 Madrid, Spain.

1. Company Data	
Legal Name:	
Trading name:	
Legal Address:	
City:	Postal Code:
Province:	Country:
Company phone number:	Tax License Number:
Activity:	
Legal structure:	
Anual Business Turnover:	€
	Indicate your American Express Corporate Control Account number:
	If the Registered Address of the company does NOT coincide with the Commercial Address of the company, please fill in the following fields, with the data of said Address
Trading Address:	the company, please in in the following netas, with the data of said Address
City:	Postal Code:
Province:	Country:
N 10	Identification data of the company attorney:
Name and Surname:	
Job position:	Date of birth: DIDIMIMIAIA
Nationality:	
Type of Document:	Expiration date: D_D_M_M_A_A NIE No. (only EU/EEA
Document No.:	
Residential address:	
	Postal code:
Location:	Country:
Name and Surname:	Identification data of the second attorney (in this case of joint attorneys):
Job position:	Date of birth: DID IM IM IM IA IA
Nationality:	Date of birth: DIDIMIMIAIA
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Date:	Date DIDIMINIAIA

I declare and guarantee that the information that I have provided on this form is correct and truthful, and I will notify any change to American Express Europe, S.A. When a PA is employed by an affiliated legal entity or an external service center, on behalf of the Company and in my capacity as Legal Representative I authorize American Express Europe, S.A. and/or its affiliates to send or make available of that PA/legal entity any information that the PA is entitled to receive. I understand that I must ensure that: (a) I have the authorization of the Company's employees, contractors or agents that make use of the Program ("Individuals") and any Individuals") and any Individuals when required by applicable law. I understand that American Express Europe, S.A. will not be responsible for the information sent or made available to a PA/legal entity as a result of said authorization on my behalf.



Company data update form

2. Ownership Structure

As part of our obligations and in compliance with the Law 10/2010, of April 28, on the Prevention of Money Laundering and Terrorism Financing, please, add a copy of the valid ID Document of the signer and the Beneficial Owners on both sides (readable photo and information).

Please, add a copy of the valid ID Document of the signer and the Beneficial Owners on both sides (readable photo and information).

Please indicate below the direct shareholders (group companies) that own more than 25% of the ownership of your company. Business 1 Legal Name: Ownership percentage: Legal Address: City: Country: Business 2 Legal Name: Ownership percentage: Legal Address: City: Country: Business 3 Legal Name: Ownership percentage: Legal Address: City: Country: Business 3 Legal Name: Ownership percentage: Please of incorporation: Inn / VAT No: Business 3 Legal Name: Ownership percentage: Seal Address: City: Country: Business 3 Legal Name: Ownership percentage: Please fick this box if 1) there are not direct shareholders (group companies) that own more than 25% of the ownership of your company or; 2) there are not shareholders (group companies) that own more than 25% of the ownership of your company or; 2) there are not shareholders (group companies) that own more than 25% of the ownership of your company or; 2) there are not shareholders (group companies) that own your company. BUSINESS STRUCTURE - INDIRECT PARTICIPATION Is your Company indirectly owned by other individuals or legal entities? Please note in case of indirect Ownership wened you to provide an organization chart of the complete ownership structure of your Company including the percentage of ownership at each level, signed by the company's legal representative. (Please check as appropriate) Please, complete one of the two sections below, depending on your shareholding situation: (Please check as appropriate) Please, complete one of the two sections below, depending on your shareholding situation: (Please check as appropriate) Please, complete one of the two sections below, depending on your shareholding situation: (Please check as appropriate) Signature of the attorney Name and Surname: In fact (in this case of joint attorney) Name and Surname: In fact (in this case of joint attorney) Name and Surname: In fact (in this case of joint attorney)	OWNER STATEMENT. If your company is not owned by other companies, please, complete only the BENEFICIAL OWNER STATEMENT section or the COMPANY'S LEGAL ADMINISTRATOR INFORMATION (as applicable).					
Legal Name: Ownership percentage: Legal Address: City: Country: Business 2 Legal Name: Ownership percentage: Legal Address: Legal Address: City: Country: Business 2 Legal Name: Ownership percentage: Postal Code: City: Country: Business 3 Legal Name: Ownership percentage: Country: Business 3 Legal Name: Ownership percentage: Postal Code: City: Country: Business 3 Legal Name: Ownership percentage: Pownership percentage: Country: Business 3 Legal Name: Ownership percentage: Pownership of country: Business 3 Legal Name: Ownership percentage: Please tick this box if 1) there are not direct shareholders (group companies) that own your company or: 2) there are not shareholders (group companies) that own your company. BUSINESS STRUCTURE: INDIRECT PARTICIPATION Is your Company indirectly owned by other individuals or legal entities? Please note in case of Indirect Ownership we need you to provide an organization charf of the complete ownership structure of your Company including the percentage of ownership at each level signed by the company's legal representative. BENEFICIAL OWNER STATEMENT Syour Company indirectly owned by other individuals or legal entities? Please note in case of Indirect Ownership we need you to provide an organization charf of the complete ownership structure of your Company including the percentage of ownership at each level signed by the company's legal representative. (Please check as a appropriate) Please, complete one of the two sections below, depending on your shareholding situation: A) if any of the owners (natural persons) own or control a percentage higher than 25% of capital or of the voting rights of the company, even when these holdings are of an indirect nature (for example, through a holding company or fiduciary) Name and Surname: In fact (in this case of joint attorneys) Name and Surname: Infant (in this case of joint attorneys) Name and Surname: Infant (in this case of joint attorneys)						
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	Signature of the attorney	Signature of the second attorney				
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	X	Date D.D.M.M.A.A				

I declare and guarantee that the information that I have provided on this form is correct and truthful, and I will notify any change to American Express Europe, S.A. When a PA is employed by an affiliated legal entity or an external service center, on behalf of the Company and in my capacity as Legal Representative I authorize American Express Europe, S.A. and/or its affiliates to send or make available of that PA/legal entity any information that the PA is entitled to receive. I understand that I must ensure that: (a) I have the authorization of the Company's employees, contractors or agents that make use of the Program ("Individuals") and any Individuals when required by applicable law. I understand that American Express Europe, S.A. will not be responsible for the information sent or made available to a PA/legal entity as a result of said authorization on my behalf.

Do not forget to attach your ID Document. If the signature in the ID Document varies with respect to the signature in the application, the latter could be rejected. BO_Corporate_EN_November2024



Company data update form

BENEFICIAL OWNER STATEMENT (2)	
	BENEFICIAL OWNER (SHAREHOLDER) DATA Please, add a copy of the valid ID Document on both sides (readable photo and information). Beneficial Owner 1
Name and Surname:	
Date of birth:	D_D_M_M_A_A Nationality:
ID Type:	Expiry date of ID/Passport/NIE: D_D_M_M_A_A
ID number:	ID Country of issuance:
NIE number (only EU/EEA Spain residents):	
Residential address:	
City:	Postal code:
Country:	
Ownership percentage:	%
	Beneficial Owner 2
Name and Surname:	
Date of birth:	D_D_M_M_A_A Nationality:
ID Type:	Expiry date of ID/Passport/NIE: D_D_M_M_A_A
ID number:	ID Country of issuance:
NIE number (only EU/EEA Spain residents):	
Residential address:	
City:	
Country:	
Ownership percentage:	%
	Beneficial Owner 3
Name and Surname:	
Date of birth:	D_D_M_M_A_A Nationality:
ID Type:	Expiry date of ID/Passport/NIE: D_D_M_M_A_A
ID number:	ID Country of issuance:
NIE number (only EU/EEA Spain residents):	
Residential address:	
City:	
Country:	
Ownership percentage:	%

NIE = Foreigner Identification Number

Signature of the attorney representing the company	Name and Surname:	Signature of the second attorney in fact (in this case of joint attorneys)	Name and Surname:
X	Date DID MIMIAIA	X	Date D1D1M1M1A1A

I declare and guarantee that the information that I have provided on this form is correct and truthful, and I will notify any change to American Express Europe, S.A. When a PA is employed by an affiliated legal entity or an external service center, on behalf of the Company and in my capacity as Legal Representative I authorize American Express Europe, S.A. and/or its affiliates to send or make available of that PA/legal entity any information that the PA is entitled to receive. I understand that I must ensure that: (a) I have the authorization of the Company's employees, contractors or agents that make use of the Program ("Individuals") and any Individual of its Affiliates to request the sending of the data or its availability at global level; and (b) I obtain the consent of these Individuals when required by applicable law. I understand that American Express Europe, S.A. will not be responsible for the information sent or made available to a PA/legal entity as a result of said authorization on my behalf.



Company data update form

Alternative Beneficial Owner - LEGAL ADMINISTRATOR INFORMATION B) If none of the owners (natural persons) own or control a percentage higher than 25% of the capital or voting rights of the company, even when these participations have an indirect nature (for example, through a holding company or fiduciary); or if your company is a listed company with securities admitted to trading in the UE or in a third equivalent country: COMPANY'S LEGAL ADMINISTRATOR INFORMATION

	COMPANY'S LEGAL ADMINISTRATOR INFORMATION		
	Please, add a copy of the valid ID Document on both sides (readable photo and information).		
Name and Surname:			
Date of birth:	D_D_M_M_A_A Nationality:		
ID Type:	Expiry date of ID/Passport/NIE: D_D_M_M_A_A		
ID number:	ID Country of issuance:		
NIE number (only EU/EEA Spain residents):			
Residential address:			
City:			
Country:			
Ownership percentage:	%		
	SECOND COMPANY'S LEGAL ADMINISTRATOR INFORMATION Please, add a copy of the valid ID Document on both sides (readable photo and information).		
Name and Surname:			
Name and Surname: Date of birth:			
	Please, add a copy of the valid ID Document on both sides (readable photo and information).		
Date of birth:	Please, add a copy of the valid ID Document on both sides (readable photo and information). DIDIMIMIA Nationality:		
Date of birth: ID Type:	Please, add a copy of the valid ID Document on both sides (readable photo and information). D_D_M_M_A_A Nationality: Expiry date of ID/Passport/NIE: D_D_M_M_A_A		
Date of birth: ID Type: ID number:	Please, add a copy of the valid ID Document on both sides (readable photo and information). D_D_M_M_A_A Nationality: Expiry date of ID/Passport/NIE: D_D_M_M_A_A		
Date of birth: ID Type: ID number: NIE number (only EU/EEA Spain residents):	Please, add a copy of the valid ID Document on both sides (readable photo and information). D_D_M_M_A_A Nationality: Expiry date of ID/Passport/NIE: D_D_M_M_A_A		
Date of birth: ID Type: ID number: NIE number (only EU/EEA Spain residents): Residential address:	Please, add a copy of the valid ID Document on both sides (readable photo and information). DID MIMIA A Nationality: Expiry date of ID/Passport/NIE: DID MIMIA A ID Country of issuance:		

We inform you that the personal data collected in this section will be treated under the responsibility of American Express Europe, S.A., and incorporated into a file located in the United States of America, in order to comply with the legal obligations regarding the Prevention of Money Laundering. The data will also be processed by other entities of the American Express Group around the World for the same purpose, for which purpose our entity has taken appropriate measures to ensure a protection level equivalent to that of the European Union (Binding Corporate Standards). You give your consent for the treatments indicated above, in your own name and in the other persons whose data are collected here, which have been reported by you and have given their consent.

Signature of the attorney representing the company	Name and Surname:	Signature of the second attorney in fact (in this case of joint attorneys)	Name and Surname:
X	Date D_D_M_M_A_A	X	Date DIDIMINIAIA

I declare and guarantee that the information that I have provided on this form is correct and truthful, and I will notify any change to American Express Europe, S.A. When a PA is employed by an affiliated legal entity or an external service center, on behalf of the Company and in my capacity as Legal Representative I authorize American Express Europe, S.A. and/or its affiliates to send or make available of that PA/legal entity any information that the PA is entitled to receive. I understand that I must ensure that: (a) I have the authorization of the Company's employees, contractors or agents that make use of the Program ("Individuals") and any Individual of its Affiliates to request the sending of the data or its availability at global level; and (b) I obtain the consense of these Individuals when required by applicable law. I understand that American Express Europe, S.A. will not be responsible for the information sent or made available to a PA/legal entity as a result of said authorization on my behalf.