

AMERICAN EXPRESS CORPORATE PROGRAM

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:			
Annual 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:			
City:		Postal Code:	
Province:		Country:	
Identification data of the company attorney:			
Name and Surname:			
Job position:		Date of birth:	D D M M A A
Nationality:			
Type of Document:		Expiration date:	D D M M A A
Document No.:		NIE No. (only EU/EEA Spain residents):	
Residential address:			
		Postal code:	
Location:		Country:	
Identification data of the second attorney (in this case of joint attorneys):			
Name and Surname:			
Job position:		Date of birth:	D D M M A A
Nationality:			
Type of Document:		Expiration date:	D D M M A A
Document No.:		NIE No. (only EU/EEA Spain residents):	
Residential address:			
		Postal code:	
Location:		Country:	

Signature of the attorney
representing the company

X

Name and Surname:

Date D D M M A A

Signature of the second attorney
in fact (in this case of joint attorneys)

X

Name and Surname:

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 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.

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

American Express Europe, S.A. Avenida Partenón 12-14. 28042 Madrid. NIF A-82628041. Registro Mercantil de la Provincia de Madrid, Tomo 15.348. Sección 8ª del Libro de Sociedad, Folio 204, Hoja M-257407. Número de registro 6.837 en el Banco de España. Entidad de pago autorizada de acuerdo a la normativa de servicios de pago vigente. www.americanexpress.es.

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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 fill in the following information.

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

In case of your company is owned by other companies, please complete the section **BUSINESS STRUCTURE**, and then the section **BENEFICIAL 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).

BUSINESS STRUCTURE

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: % Place of incorporation:

Legal Address:

City: Postal Code:

Country: TIN / VAT No:

Business 2

Legal Name:

Ownership percentage: % Place of incorporation:

Legal Address:

City: Postal Code:

Country: TIN / VAT No:

Business 3

Legal Name:

Ownership percentage: % Place of incorporation:

Legal Address:

City: Postal Code:

Country: TIN / VAT No:

☐ Please tick 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 your company.**

BUSINESS STRUCTURE - INDIRECT PARTICIPATION

☐ Yes ☐ No 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 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)

BENEFICIAL OWNER STATEMENT

☐ Yes ☐ No 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 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:

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):

Signature of the attorney representing the company

X

Name and Surname:

Date

Signature of the second attorney in fact (in this case of joint attorneys)

X

Name and Surname:

Date

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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:

ID Type:

ID number:

NIE number (only EU/EEA Spain residents):

Residential address:

City:

Country:

Ownership percentage:

Nationality:

Expiry date of ID/Passport/NIE:

ID Country of issuance:

Postal code:

Beneficial Owner 2

Name and Surname:

Date of birth:

ID Type:

ID number:

NIE number (only EU/EEA Spain residents):

Residential address:

City:

Country:

Ownership percentage:

Nationality:

Expiry date of ID/Passport/NIE:

ID Country of issuance:

Postal code:

Beneficial Owner 3

Name and Surname:

Date of birth:

ID Type:

ID number:

NIE number (only EU/EEA Spain residents):

Residential address:

City:

Country:

Ownership percentage:

Nationality:

Expiry date of ID/Passport/NIE:

ID Country of issuance:

Postal code:

NIE = Foreigner Identification Number

Signature of the attorney
representing the company

X

Name and Surname:

Date

Signature of the second attorney
in fact (in this case of joint attorneys)

X

Name and Surname:

Date

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