

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:	<input type="text"/>		
Trading name:	<input type="text"/>		
Legal Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Province:	<input type="text"/>	Country:	<input type="text"/>
Company phone number:	<input type="text"/>	Tax License Number:	<input type="text"/>
Activity:	<input type="text"/>		
Legal structure:	<input type="checkbox"/> S.A. <input type="checkbox"/> S.L. <input type="checkbox"/> S.A.U. <input type="checkbox"/> S.L.U. <input type="checkbox"/> Other		
Annual Business Turnover:	<input type="text"/>	€	
	Indicate your American Express Corporate Control Account number:		
	<input type="text"/>		
	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:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Province:	<input type="text"/>	Country:	<input type="text"/>

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).

Signature of the Company Legal Representative: 	Name and surname:	<input type="text"/>		
	Position:	<input type="text"/>	ID No:	<input type="text"/>
	Date:	<input type="text" value="DDMMYY"/>		
Signature of the second Company Legal Representative: (If they are in joint) 	Name and surname:	<input type="text"/>		
	Position:	<input type="text"/>	ID No:	<input type="text"/>
	Date:	<input type="text" value="DDMMYY"/>		
<p>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.</p>				

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.

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BUSINESS STRUCTURE

Please indicate below the **direct shareholders (group companies)** that own more than 25% of the ownership of your company.

<p>Legal Name:</p> <p>Ownership percentage:</p> <p>Legal Address:</p> <p>City:</p> <p>Country:</p>	<p>Business 1</p> <p>_____</p> <p>_____ % Place of incorporation: _____</p> <p>_____</p> <p>_____ City: _____ Postal Code: _____</p> <p>_____ TIN / VAT No: _____</p>
<p>Legal Name:</p> <p>Ownership percentage:</p> <p>Legal Address:</p> <p>City:</p> <p>Country:</p>	<p>Business 2</p> <p>_____</p> <p>_____ % Place of incorporation: _____</p> <p>_____</p> <p>_____ City: _____ Postal Code: _____</p> <p>_____ TIN / VAT No: _____</p>
<p>Legal Name:</p> <p>Ownership percentage:</p> <p>Legal Address:</p> <p>City:</p> <p>Country:</p>	<p>Business 3</p> <p>_____</p> <p>_____ % Place of incorporation: _____</p> <p>_____</p> <p>_____ City: _____ Postal Code: _____</p> <p>_____ TIN / VAT No: _____</p>

BUSINESS STRUCTURE - INDIRECT PARTICIPATION

Check this box if your company is **indirectly owned by other individuals or legal entities** and 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.

BENEFICIAL OWNER STATEMENT

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):

<p>Signature of the Company Legal Representative:</p> <p>X</p>	<p>Name and surname: _____</p> <p>Position: _____ ID No: _____</p> <p>Date: <input type="text" value="DDMMYY"/></p>
<p>Signature of the second Company Legal Representative: (If they are in joint)</p> <p>X</p>	<p>Name and surname: _____</p> <p>Position: _____ ID No: _____</p> <p>Date: <input type="text" value="DDMMYY"/></p>

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.

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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: Nationality:

DNI/Passport/NIE (valid): Expiry date of ID/Passport/NIE:

ID Type: ID Country of issuance:

Personal Address:

City: Postal code:

Country:

Ownership percentage: %

Beneficial Owner 2

Name and Surname:

Date of birth: Nationality:

DNI/Passport/NIE (valid): Expiry date of ID/Passport/NIE:

ID Type: ID Country of issuance:

Personal Address:

City: Postal code:

Country:

Ownership percentage: %

Beneficial Owner 3

Name and Surname:

Date of birth: Nationality:

DNI/Passport/NIE (valid): Expiry date of ID/Passport/NIE:

ID Type: ID Country of issuance:

Personal Address:

City: Postal code:

Country:

Ownership percentage: %

Check this box if your company is **indirectly owned by other individuals or legal entities** and 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.

NIE = Foreigner Identification Number

Signature of the Company Legal Representative:

X

Name and surname:

Position: ID No:

Date:

Signature of the second Company Legal Representative:

(If they are in joint)

X

Name and surname:

Position: ID No:

Date:

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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

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

Name and Surname:	<input type="text"/>		
Date of birth:	<input type="text" value="D D M M A A"/>	Nationality:	<input type="text"/>
DNI/Passport/NIE (valid):	<input type="text"/>	Expiry date of ID/Passport/NIE:	<input type="text" value="D D M M A A"/>
ID Type:	<input type="text"/>	ID Country of issuance:	<input type="text"/>
Personal Address:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
Country:	<input type="text"/>		
Ownership percentage:	<input type="text"/>	%	

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:	<input type="text"/>		
Date of birth:	<input type="text" value="D D M M A A"/>	Nationality:	<input type="text"/>
DNI/Passport/NIE (valid):	<input type="text"/>	Expiry date of ID/Passport/NIE:	<input type="text" value="D D M M A A"/>
ID Type:	<input type="text"/>	ID Country of issuance:	<input type="text"/>
Personal Address:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
Country:	<input type="text"/>		
Ownership percentage:	<input type="text"/>	%	

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 Company Legal Representative:

Name and surname:	<input type="text"/>		
Position:	<input type="text"/>	ID No:	<input type="text"/>
Date:	<input type="text" value="D D M M A A"/>		

Signature of the second Company Legal Representative:

(If they are in joint)

Name and surname:	<input type="text"/>		
Position:	<input type="text"/>	ID No:	<input type="text"/>
Date:	<input type="text" value="D D M M A A"/>		

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