

Internal delegation form

1. Company Information

Company Name:		
Address:		
Location:		Postal Code:
VAT registration number:		

2. Identification data of the Company Representative

Name and Surname:		
Job position:		Date of birth: D D M M Y Y
Nationality:		
Type of Document:		Expiration date: D D M M Y Y
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 Y Y
Nationality:		
Type of Document:		Expiration date: D D M M Y Y
Document No.:		NIE No. (only EU/EEA Spain residents):
Residential address:		
		Postal code:
Location:		Country:

In my capacity of Delegate with Power of Attorney/ Legal Representative of the Company, I confirm that I have the power to delegate to the person included in this document the capacity to sign American Express applications for the Company employees included herein. This declaration is issued with the exclusive purpose of authorizing Card applications for Company employees and cannot be extended to other activities.

**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

Please attach a copy of your current national I.D. If the signature on the document varies from the signature on this application, it may be rejected.

The information that I have provided in this document is true. In the name of the company and as the representative holding in Power of Attorney, I confirm that I have the authority issued by the rest of the people appearing in this document to communicate their data to American Express Europe and that I have informed them that they may be asked to provide new proof of identification and verification of their data; since the information I have provided is of personal nature, I understand that this information will be processed in compliance with the pertinent data protection laws. Personal information will only be obtained for the purposes indicated in the corresponding section.

Internal delegation form

3. Information of the authorized person

Name and Surname:

Job position:

Nationality:

Type of Document:

Document No.:

Residential address:

Location:

Date of birth: DD MM AA

Expiration date: DD MM AA

NIE No. (only EU/EEA
Spain residents):

Date DD MM AA

Signature

X

Please attach a copy of your current national I.D. If the signature on the document varies from the signature on this application, it may be rejected.

I declare and recognize that the information I have provided in this document is true and correct. I confirm that I have been informed regarding the purposes for data processing performed by American Express Europe SA. When the information provided is of personal nature, I understand and recognize that such information will be processed in compliance with the pertinent data protection laws. I understand that the personal information will only be obtained for the purposes indicated in this form and that this information will be processed in compliance with the pertinent data protection laws for the purpose of managing participation of the company in the programs. I understand that to obtain more information about how American Express collects and processes my data, I can consult the general conditions of the American Express Corporate Payment Programs.

Your information will be used in line with American Express's Privacy Statement. For information on how American Express will use your personal data, please click [here](#)

In my capacity of Delegate with Power of Attorney/ Legal Representative of the Company, I confirm that I have the power to delegate to the person included in this document the capacity to sign American Express applications for the Company employees included herein. This declaration is issued with the exclusive purpose of authorizing Card applications for Company employees and cannot be extended to other activities.

**Signature of the attorney
representing the company**

X

Name and Surname:

Date DD MM AA

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

X

Name and Surname:

Date DD MM AA

Please attach a copy of your current national I.D. If the signature on the document varies from the signature on this application, it may be rejected.

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