



Global Merchant & Network Services



DON'T do business WITHOUT IT™

Merchant Card Acceptance Form Hong Kong



Merchant Number 9 [] Merchant Fees [] [] %
Speed of Pay [] Date : []

MERCHANT

Trading Name []
Legal/Registered Name []
Physical Address []
District [] City []
Metro Code [] (Amex to provide) Type of industry []
Office Telephone Number [] Fax number []
Email Address []
Business URL []
Registered Address []
District [] City []
Settlement Address (if different from physical address) []
District [] City []
Correspondence Address (if different from physical address) []
District [] City []
Entity Type
 Public Limited Company Government Public Body Private Limited Company Partnership Sole Trader Charity Trust
Business Registration/Certification of Incorporation No []
Date of Incorporation DD [] MM [] YY [] Place of Incorporation []
Old Merchant Number (Change of ownership only) [] Date Change over Effective DD [] MM [] YY []

If Trust

Name of Trust []
Date of establishment DD [] MM [] YY [] Jurisdiction []

PAYMENT

Payee Name []

STATEMENT

By Electronic (Online Merchant Services - Payment Reconciliation) By post monthly No statement

RESOLVE DISPUTES

Tick here if you would like to manage Cardmember disputes online.

By selecting this box, I understand that I will be managing all disputes raised online through the Merchant Website and will no longer receive paper dispute notifications.

Email Addresses for receiving online dispute notifications (more than one recipient for dispute notifications is recommended):

Email 1: [] Email 2: []

SUBMISSION

Terminal Enablement American Express Terminal Other Bank to Share []
For Epp, Installation Reprogramming Date []
 Bank Terminal Terminal Provider []
Bank Merchant No. [] TID []
 Online Enablement Payment Gateway []
Contact Person for Installation [] Contact No. []
Merchant Site Ready Date [] Number of terminals []
Terminal remark []

For Internal Reference Only: Small Merchant Program

Merchant Number 9 [REDACTED]

Merchant Name [REDACTED]

DIRECT CREDIT

Bank name [REDACTED]
Bank/Branch Code [REDACTED] Account number [REDACTED]

AUTHORIZED SIGNATORIES

Mr/Mrs/Miss/Ms/Other [REDACTED] Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
Position in Company [REDACTED] Office Telephone Number [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

Secondary Signatory

Mr/Mrs/Miss/Ms/Other [REDACTED] Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
Position in Company [REDACTED] Office Telephone Number [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

BENEFICIAL OWNER DETAILS

Provide details of any individual who controls or owns 25% or more of the voting rights or shares or who has the ultimate control of the entity.

Beneficial Owner 1 Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

Beneficial Owner 2 Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

Beneficial Owner 3 Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

Beneficial Owner 4 Full Name [REDACTED]
Date of Birth DD [REDACTED] MM [REDACTED] YY [REDACTED] Nationality [REDACTED]
Residential Address [REDACTED]
District [REDACTED] City [REDACTED]
ID document type [REDACTED] ID document number [REDACTED]

Merchant Number 9 [Redacted]

Merchant Name [Redacted]

Director/Management Details Collect names of all Directors/ Partners/ Trustees (Where applicable) if they are not Beneficial Owners

Director 1 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 2 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 3 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 4 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 5 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 6 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 7 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

Director 8 Full Name [Redacted]
Date of Birth DD [Redacted] MM [Redacted] YY [Redacted]
Residential Address [Redacted]
District [Redacted] City [Redacted]

MARKETING OPT-IN FORM

American Express International, Inc. ("AMEX") wishes to use your name, office telephone & fax number, mailing address and email address ("Contact Details") for direct marketing to you of products, services and marketing, including promotional incentives and offers that are related to your AMEX merchant account. AMEX may also, from time to time, engage third parties to provide marketing services on our behalf, and may share your Contact Details with them for such purposes. AMEX may not use or provide your personal data as described above without your consent. You have the right to access/correct the personal data that you disclose to AMEX. You may contact AMEX's Data Protection Officer to have access to and request correction of your personal data held by AMEX. In accordance with the terms of the Personal Data (Privacy) Ordinance, AMEX has the right to charge a reasonable fee for the processing of any data access or correction request. To request access to your data or correction requests, please contact The Data Protection Officer, 18/F, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong.

By checking the box and sign below and submitting this form to AMEX, you acknowledge and agree that AMEX may send you marketing communications for all the marketing purposes listed in the paragraph above, provide your Contact Details to all AMEX group companies for their marketing purposes as mentioned above, and provide your Contact Details to other third parties who provide marketing services on behalf of AMEX and AMEX group companies. You also agree that AMEX and AMEX group companies may carry out "matching procedures" (as such expression is defined in the Personal Data (Privacy) Ordinance) in Hong Kong or overseas in respect of all or any of such purposes. *You understand that it is not obligatory for you to allow your information to be used for the above purpose.*

[] Authorized person (For marketing opt-in only)Full Name Office Telephone Number Fax number Mailing Address Email Address _____
Signature of Authorized Person (For marketing opt-in only)_____
Company Chop_____
Date**DECLARATION**

Please set up the organization named above as an American Express merchant. We acknowledge that we have received a copy of the Terms and Conditions* and have received and read the Notice to Customers relating to the Personal Data (Privacy) Ordinance available at www.americanexpress.com.hk and that we agree to be bound by the American Express service establishment terms and conditions relating to our acceptance of American Express® Cards and the International Merchant Regulations (available at www.americanexpress.com/InternationalRegs). The individual signing on behalf of the organization represents and warrants that: (i) he/she has the authority to do so, as well as to make the representations as set out herein; (ii) the information provided in this form is complete, true and accurate, including but not limited to the information on the organization's beneficial owners; (iii) the organization will promptly inform American Express of any changes to the information provided in this form.

We agree to accept the American Express Card unconditionally and not to charge Cardmembers any fees for using American Express Cards.

*If you are signing up for the "Small Merchant Program", you will receive a set of "Small Merchant Program" Terms and Conditions.

Signature of Authorized Signatory/Company Chop

Signature of Second Signatory/Company Chop

Authorized Signatory/American Express Int'l, Inc.