

AMERICAN EXPRESS® CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Netherlands

This form is used to enrol, modify or delete a Programme Administrator (PA) for your Account(s). Please complete the form electronically. When completed please print, have all parties sign the form by hand and return it by email to corporateadmin-btaamsterdam@aexp.com. Please note that the internet can be insecure and we recommend you use a secure encryption method when sending personal data and/or documentation to us via email. ALL fields must be completed in order for this form to be processed.

For any queries, please contact the PA Servicing team at above email or on telephone +31 (0)20-504 8999

☐ Add a new Programme Administrator ☐ Delete a Programme Administrator ☐ Modify a Programme Administrator

1. Account Details

Company Registered Name:	<input type="text"/>	
Company Registered Address:	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	City: <input type="text"/>
Country:	<input type="text"/>	
MCA:	<input type="text" value="0 2 9"/>	
Is this PA authorised to manage the entire MCA?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
American Express BCA/BTA number: (15 digits or 7 for vPayment)	If the answer above is "No": you want to limit the PA's access to certain products or accounts (rather than giving the rights to the complete MCA); please specify the BCA's here:	
	BCA's	Product
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

2. PA Details

The following person is authorised to administer the above mentioned Account(s) on behalf of the Company. This includes offline servicing and access to Online Service.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
Official First Name(s): (as on ID document)	<input type="text"/>
Last Name:	<input type="text"/>
Home Address:	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Company Name (if different to Company Registered Name provided in section 1):	<input type="text"/>
Correspondence Address: (if different to Company Registered Address provided in section 1):	<input type="text"/>
	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>

If the PA or their employer is located outside the European Economic Area (EEA), or in the UK, or the correspondence address is outside the EEA or in the UK then you will need to complete a [Global Data Transfer Form](#), unless previously completed by your business.

AMERICAN EXPRESS CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Netherlands

2. PA Details (Continued)

Work Telephone Number
(incl. country and area codes):

Individual Work Email Address
(only used for servicing purposes):

If the PA manages Accounts across a number of countries, please nominate your preferred primary country. The primary country defines the default language and starting page for Online Service.

PA's Primary Country:

The nominated PA should complete the below fields. This information is used to confirm your identity for security purposes and to protect against fraud, when you contact us with servicing questions, and will be applied across all Accounts that the PA is authorised to manage.

Date of Birth (DDMMYYYY):

Nationality:

Mother's Maiden Name:

Verification PIN (4 digits):

Please do not choose sequential or repetitive numbers, such as 1234 or 5555, and not replicate your Date of Birth or your Memorable Date.

Memorable Date (DDMM):

Please do **not** use your own birthday or replicate your PIN.

Clue to Memorable Date:

3. PA Permissions and Online Service

If the PA is an existing @ Work/Online Service user, please provide their user ID (if known):

New PA's will automatically be enrolled into all standard Online Service tools to help manage the Programme(s).

For the PA nominated in section 2, please select one of the following options:

Servicing Programme Administrator:

☐

Authorised to manage servicing aspects of the Account(s) specified.

OR

Programme Administrator:

☐

Authorised to manage all aspects of the Account(s) specified, including approving Card applications.

OR

Signatory Rights Programme Administrator:

☐

Authorised to manage all aspects of the Account(s) specified including approving Card applications and adding new Programme Administrators.

For the Signatory Rights PA we require a Proof of Residential Address (PoA) to perform the address verification.

4. Delete a Contact Person (Please note section 1, 4 and 5 must be completed)

Full Name:

Email Address:

User ID:

☐

Please tick the box if you would like to delete another Contact Person

Full Name:

Email Address:

User ID:

AMERICAN EXPRESS CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Netherlands

5. Business Authorisation and Declaration

☐ I am signing this form on behalf of the business in my capacity as a "Signatory Rights Programme Administrator" who has been authorised by the Authorised Signer of the Company to sign for a new Programme Administrator set up.

☐ I am signing this form on behalf of the business in my capacity as an Authorised Signer

The information I have given in this form is true and correct. On behalf of the business I confirm that: (i) I have informed the persons named in this form of the purposes of the processing carried out by American Express; and (ii) I have the authority of the other persons named in this form to disclose their details to American Express.

Where the information provided constitutes personal information, we understand that such information will be processed in compliance with applicable data protection legislation. Such personal information shall only be obtained for the purposes stated in this form. We acknowledge that personal data provided in this form may be processed in accordance with applicable data protection law for the purposes of administering our participation in the Programme(s). *For further information on how American Express collects and processes data please refer to the American Express Corporate Programme Terms and Conditions.*


Where a PA is employed by an Affiliate legal entity or a third party servicing centre, we authorise American Express and/or American Express' Affiliates to send or make available to that PA/legal entity any data which the PA is entitled to receive as granted by us per the permissions selected on this form. We shall ensure: (a) we have the authority from our employees, contractors or agents that use the Programme ("Individuals") and any Individuals of our Affiliates to request sending the data or making it available on a global basis; and (b) the consent of such Individuals is obtained where required by applicable law. American Express does not take responsibility for any information sent or made available to a PA/legal entity on such authorisation by us. We warrant that the information herein is correct and that we will notify American Express of any changes. Signed on behalf of the business named in section 1 of this form.

Please supply with this form:

- A copy ID for the Programme Administrator;
- A copy ID for each Authorised Signer in case the Authorised Signer(s) has/have not yet been recently identified by American Express;
- A Proof of Residential Address (PoA) for each Authorised Signer;
- A Proof of Residential Address (PoA) for the Signatory Rights PA (see section 3).

Please note:


- The ID needs to be a valid passport or European ID (issued in a EU/EEA country or Switzerland) and valid for at least 1 month;
- Both a copy of the front and back side are required - for the passport, please copy both sides of the hard plastic ID-page;
- The Proof of Address cannot be older than 3 months and we cannot accept a PO box or business address.

	Authorised signer 1/Signatory Rights PA:	
	<input type="checkbox"/> Please tick the box if this person is independently authorised.	
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Official First Name(s): (as on ID document)	<input type="text"/>	
Last Name:	<input type="text"/>	
Home Address:	<input type="text"/>	
Postal Code:	<input type="text"/>	City: <input type="text"/>
Country:	<input type="text"/>	
Date of Birth (DDMMYYYY):	<input type="text"/>	Nationality: <input type="text"/>
	<div style="border: 1px solid black; padding: 5px;"> Authorised signature  </div>	
Date:	<div style="border: 1px solid black; padding: 5px;"> D D M M Y Y Y Y <input type="text"/> </div>	

AMERICAN EXPRESS CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Netherlands

5. Business Authorisation and Declaration (Continued)

	Authorised signer 2:	
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Official First Name(s): (as on ID document)	<input type="text"/>	
Last Name:	<input type="text"/>	
Home Address:	<input type="text"/>	
Postal Code:	<input type="text"/>	City: <input type="text"/>
Country:	<input type="text"/>	
Date of Birth (DDMMYYYY):	<input type="text"/>	Nationality: <input type="text"/>
	<div style="border: 1px solid black; padding: 5px;"> Authorised signature  </div>	
	<div style="border: 1px solid black; padding: 5px;"> D D M M Y Y Y Y Date: <input type="text"/> </div>	