

# American Express®

## Change of Company Details Form New Zealand



All fields must be completed in black pen and block letters.

Please send completed form to: American Express PO Box 4005, Shortland Street, Auckland 1140 or fax to: +61 2 9263 6025.

### Corporation Details

Existing Company Name

Company Registration Number

New Company Name  
(if applicable)

Are replacement Cards required with the new Company name.  
(Please provide certificate of name change; new Company name will appear on new Cards.)

Company Corporate IDs this will affect  
(List all applicable IDs or highest level ID to apply to all)

Division Name (Control Account Name)

Existing Cost Centre Name

New Cost Centre Name

New Company Address

Suburb

City

Postcode

New Telephone Number

Postal Address

Suburb

City

Postcode

### Change of Signatory Details - Add New Signatory

Title

Mr

Mrs

Miss

Ms

Dr

Position Title

Full Name

Date of Birth

/

/

Mailing Address

Suburb

City

Postcode

Residential Address\*

Suburb

City

Postcode

Telephone Number

(Country Code)

(Area Code)

(Phone Number)

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## Change of Company Details Form New Zealand



### Change of Signatory Details - Add New Signatory (continued)

Mobile Number

Email Address (Mandatory)

We need an email address to send the Company changes to the Terms and Conditions, servicing and marketing communications from American Express.

Credit Control Contract

Main Program Administrator

**Note:** If your Company is on central billing option, then the new main program administrator will also be updated as the new central statement delivery contact.

Additional Program Administrator

BTA Statement Recipient

Annual Fee Diversion Account Contact

Authorised Signatory

Decision Maker

Sample Signature of New Signatory

Signatory Name to Delete

### Program Administrator Details

Title

Mr

Mrs

Miss

Ms

Dr

Position Title

Full Name

Date of Birth

/

/

Mailing Address

Suburb

City

Postcode

Residential Address\*

Suburb

City

Postcode

Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Mobile Number

Email Address (Mandatory)

We need an email address to send the Company changes to the Terms and Conditions, servicing and marketing communications from American Express.

Report Recipient

(This will replace current recipient)

Additional Contact

Card Distribution Recipient

(For delivery of cards)

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## Change of Company Details Form New Zealand



### Program Administrator Details (continued)

Name to be Deleted

Residential Address\*

(If different from Company Address)

Report Recipient

Additional Contact

Card Distribution Recipient

Suburb

City

Postcode

### Decision Maker Contact Details

Title

Mr

Mrs

Miss

Ms

Dr

Full Name

Date of Birth

/

/

Mailing Address

Suburb

City

Postcode

Residential Address\*

Suburb

City

Postcode

Telephone Number

(Country Code)

(Area Code)

(Phone Number)

Mobile Number

Delete Decision Maker Name

### Mandatory

The individual signing below on behalf of the above-named Company warrants that he/she is authorised to do so. If existing signatory has left the Company, please provide information on Company letterhead.

Authorised Signature

Date

/

/

Full Name (please print)

Position held in Company

\*In order to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, American Express International (NZ) Inc is required to gather identification information on those individuals that are authorised to act on behalf of the customer. We will not be able to process the form without these details.

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### Appendix A

Refer to the ID requirement for adding a new Authorised Signatory or Program Administrator below.

#### **Certified legible copy of:**

Current Drivers Licence or Current Passport.

#### **Certification requirements:**

- The certification of documentation must be performed by an acceptable certifier and not be related to the Authorised Signatory/Decision Maker.
- The certification must have been carried out within the last three (3) months.

Please refer to the list below of acceptable certifiers:

- Justice of the Peace
- Lawyer
- Chartered Accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants)
- Registered Medical Doctor
- Commonwealth Representative (as defined in the Oaths and Declarations Act 1957)
- Kaumatua (a senior member of a tribe/elder)
- New Zealand Police Officer
- Registered Teacher
- New Zealand Honorary Consul
- Member of Parliament
- Notary Public
- An American Express New Zealand Employee
- Minister of religion

The Trusted Referee must sight the original documentary identification and sign their full name and date on the copy of your identification. In addition, they must note the category of Certification (e.g., Justice of the Peace) and attach their stamp, seal or identification/ membership number and also make a statement as follows:

- If the document includes a photo – “I certify this to be a true copy of the original, which I have sighted and which represents a true likeness of [customer’s name]”.
- If the document does not include a photo – “I certify this to be a true copy of the original, which I have sighted”