- to (02) 702-6881 or (02) 708-6882 for the following card types:

points to your account.

and signature

must present the following:

representative's specimen signature

• In case the Basic Cardmember is not around, the Authorized Representative

- Authorization letter signed by the Basic Cardmember with the authorized

- Basic Cardmember and authorized representative's valid IDs with picture

AMERICAN EXPRESS

## rewards

## **Redemption Form**

Rewards® Program Terms and Conditions.

Membership Rewards® Points Charging (Please charge my points to the Ame Card Type				American Express Card Account below)  American Express Card Number					
Rewards Description			Required Membership Rewards® Points		Applicable American Express Card Number (Basic/Supplementary)				
1.						· <b>=</b> I			
2.						· <b>_</b>			
3.						· <b>=</b>			
3. Non-Frequent Traveler Option (NF	FTO) - Catalogue Reward Items								
Rewards Description		Rewards Code			Required Membership Rewards® Points		,	Total Membership Rewards® Points	
1.									
2.									
3.									
					TOTAL				
Choose from the selection of Rewards av Refer to the current Membership Reward 4. Frequent Traveler Option (FTO) - (	ds Catalogue for the Rewards Descript	tion ar	nd required Poi	nts to redeem	the Rewards of you	ur choice.			
4. Frequent fraveler Option (F10) - (	Conversion of Forms to Air Willes	OI HC	Diei Loyally F	OITIES			Total Mar	mhorobin	
Frequent Flyer / Frequent Guest Partner	Frequent Flyer / Frequent Guest Partner Membership No.		Registered Name with the Frequent Flyer / Frequent Guest Partner		Miles / Ho	Total Equivalent Air Miles / Hotel Loyalty Points to be Transferred		Total Membership Rewards® Points to be Redeemed	
	Wellbership No.		duestr	artifei	Folitis to be	e mansierreu	Php	USD	
1.									
2.									
3.									
You must be enrolled to the Membership You must be a member of the Airline or I You can only redeem Points or Air Miles	Hotel Loyalty Program.				ver Program, respe	ctively.			
Basic Cardmember's Information									
Basic Cardmember's Name:				Birthday (mı	m/dd/yyyy)	/	/		
Preferred Delivery Address:	Home Office			•					
My signature below signifies that I ProgramTerms and Conditions.	have read, understood and agre	eed to	o abide and b	e governed	by the Americar	n Express Mer	mbership Rew	ards <sup>®</sup>	
Signature	Date			_					
IMPORTANT									
<ul> <li>Cancellation of processed rede</li> <li>Allow 21 banking days for the p</li> <li>Allow 15 banking days for the p</li> </ul>	processing and/or delivery of rev			receipt wi	/ damaged rewa II not be accomo ptions are subje	odated.			