

## FOREIGN EXCHANGE SERVICES

# FX INTERNATIONAL PAYMENTS: SINGAPORE

## Notice of Change of Authorised Users

To: American Express International Inc. ("you", "your")

I/We, the Client named herein, refer to my/our Application for FX International Payments - Notice of Change of Authorised Users dated   /   /     (DD/MM/YYYY) and the official Authorisation given therein ("Previous Mandate").  
By signing this Notice and with effect from the date of your acceptance of this Notice, I/We amend the Previous Mandate as set out below:

Yes, I would like to receive information about the benefits of transacting online.

**CLEAR FORM**

### SECTION 1: CLIENT'S DETAILS

Registered Business Name (as in ACRA)

Business Registration Number

Telephone Number

### SECTION 2: AUTHORISED USERS

American Express FX International Payments offers multiple levels of authorisation for online clients. Each user may be individually authorised to perform specific functions on FX International Payments online system. Authorised options include:

- + Single Verification: User inputs the payment details, approves the same payment and completes the transaction.
- + Dual Verification: User inputs the payment details, but is not authorised to approve the same payment for release. Another user verifies the information and approves the payment to complete the transaction.

Please list the person(s) and his/her signature(s) who are authorised (as defined in the Terms and Conditions) to make International Payments on behalf of your business and indicate all applicable authorisations. For phone identification purposes, each authorised user is required to provide their date of birth.

I designate the following individuals, as authorised, to enter into foreign exchange transactions on behalf of the Business. The Primary Contact(s) will be the person(s) nominated by me to receive communications from you and I agree that all notices or other communications given by you to Primary Contact(s) will be deemed to be received by the Business.

Authorisation Requirement:

Online Instructions:  any one approval  any two approvals

Fax Instructions:  any one signatory  any two signatories

### AUTHORISED USER 1 (PLEASE TICK ONE) CHANGE CURRENT USER DETAILS ADD NEW USER REMOVE CURRENT USER

For Removing of Current User, only the User's Name is required.

|                                |  |   |                           |
|--------------------------------|--|---|---------------------------|
| Full Name, including any alias | <input type="checkbox"/> Phone Trading<br><input type="checkbox"/> Authorised Signatory (for fax instructions) | Date of Birth (DD/MM/YYYY)<br><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | NRIC/Passport Number /FIN |
| Designation                    | Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Nationality   |                           |
| Contact Number                 | Fax Number   | Email   |                           |
| Residential Address            | Signature  |   |                           |

Please indicate all applicable online authorisation levels for this user:

- Input payment details  Approve own payments  
 View transaction history/generate reports  Approve payments made by a different user

### AUTHORISED USER 2 (PLEASE TICK ONE) CHANGE CURRENT USER DETAILS ADD NEW USER REMOVE CURRENT USER

For Removing of Current User, only the User's Name is required.

|                                |  |   |                           |
|--------------------------------|--|---|---------------------------|
| Full Name, including any alias | <input type="checkbox"/> Phone Trading<br><input type="checkbox"/> Authorised Signatory (for fax instructions) | Date of Birth (DD/MM/YYYY)<br><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | NRIC/Passport Number /FIN |
| Designation                    | Primary Contact <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Nationality   |                           |
| Contact Number                 | Fax Number   | Email   |                           |
| Residential Address            | Signature  |   |                           |

Please indicate all applicable online authorisation levels for this user:

- Input payment details  Approve own payments  
 View transaction history/generate reports  Approve payments made by a different user

#### Client Service Centre

Phone: (65) 1800 507 7688

Website: [www.americanexpress.com.sg/fx](http://www.americanexpress.com.sg/fx)

Fax: (65) 6297 4269

Mailing Address: 20 Pasir Panjang Road, Mapletree Business City (West Lobby), #08-25, Singapore 117439



For Removing of Current User, only the User's Name is required.

|                                |  |  |                           |
|--------------------------------|--|--|---------------------------|
| Full Name, including any alias | <input type="checkbox"/> Phone Trading<br><input type="checkbox"/> Authorised Signatory (for fax instructions) | Date of Birth (DD/MM/YYYY)<br>□□/□□/□□□□ | NRIC/Passport Number /FIN |
| Designation                    | Primary Contact<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                    | Nationality                              |                           |
| Contact Number                 | Fax Number   | Email                                    |                           |
| Residential Address            |  | Signature                                |                           |

Please indicate all applicable online authorisation levels for this user:

|  |  |
|--|--|
| <input type="checkbox"/> Input payment details                     | <input type="checkbox"/> Approve own payments                      |
| <input type="checkbox"/> View transaction history/generate reports | <input type="checkbox"/> Approve payments made by a different user |

**SECTION 3: CLIENT'S DECLARATION**

In support of this application, I have attached certified copies of the photo identification of the Authorised Users specified in this form.

Please tick where applicable.

- I confirm that I am authorised to sign this form on behalf of the company pursuant to the previous Director's Resolution/Power of Attorney provided to American Express.
- I am a new signatory. I am attaching the Director's Resolution/Power of Attorney which duly authorises me to sign this form on behalf of \_\_\_\_\_ and a certified copy of a photo identification document.

I/We acknowledge that I/We have read and understood the Client's Declaration and I/We agree to be bound by the same. I/We confirm that the Previous Mandate, this Notice of Change of Authorised Users form and all matters related thereto are subject to the American Express Terms and Conditions for Foreign Exchange Services.

I/We agree to indemnify you against any claim, action, demand, loss, damage, cost, expense or liability of whatsoever nature incurred by or threatened against you as a direct or indirect result of or in connection with this Notice of Change of Authorised Users form stated herein and any matter related thereto.

I/We agree and consent to my/our contact information being collected, used and disclosed for the purpose of sending service and product updates and marketing offers via phone, SMS, mail and electronically. Should I/We need to opt-out of marketing offers, I/We can contact you at 1800 507 7688. I/We agree that I/We will continue to receive service and product updates pertaining to the account.

By signing below, I/We, the Client named in this application, confirm that the personnel listed above are business employees authorised to place orders under the International Payments Agreement between the Client and American Express International Inc. signed for and on behalf of the Client.

**I/We acknowledge that I/We have read and understood both the Client's Declaration and American Express Terms and Conditions for Foreign Exchange Services and I/We agree to be bound by the same.**

|                                |  |                                |  |
|--------------------------------|--|--------------------------------|--|
| Signature 1                    | Date (DD/MM/YYYY)<br>□□/□□/□□□□          | Signature 2                    | Date (DD/MM/YYYY)<br>□□/□□/□□□□          |
| Full Name, including any alias | Designation                              | Full Name, including any alias | Designation                              |
| NRIC/Passport Number/FIN       | Date of Birth (DD/MM/YYYY)<br>□□/□□/□□□□ | NRIC/Passport Number/FIN       | Date of Birth (DD/MM/YYYY)<br>□□/□□/□□□□ |
| Nationality                    | Contact Number                           | Nationality                    | Contact Number                           |
| Residential Address            |  | Residential Address            |  |
| Email                          |  | Email                          |  |

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