

AMERICAN EXPRESS® BUSINESS TRAVEL ACCOUNT

Change of Travel Booking Provider Form

Please complete this form ON YOUR COMPUTER. If more than one person needs to complete this form please save the form and forward it electronically. If you cannot complete on screen you may print this form and complete in CAPITALS with black ink. All fields MUST BE completed in order for this form to be processed (unless otherwise stated). You may find it helpful to refer to your Finance Director or Company Secretary for the information requested relating to the data captured on the original application form. **Please complete all fields.**

1. New Travel Booking Provider Details

| | |
|--------------------------------------------------------------|----------------------|
| New Travel Booking Provider Name: | <input type="text"/> |
| New Travel Booking Provider Address: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| Postcode: | <input type="text"/> |
| New Travel Booking Provider Contact Person Name: | <input type="text"/> |
| New Travel Booking Provider Contact Person Telephone Number: | <input type="text"/> |
| New Travel Booking Provider Contact Person Email: | <input type="text"/> |

2. Existing Company and Travel Booking Provider Details

| | |
|----------------------------------------|----------------------|
| Company Registered Name: | <input type="text"/> |
| | <input type="text"/> |
| Existing MCA/BCA: | <input type="text"/> |
| Existing Funding Account (BTA) Number: | <input type="text"/> |
| Existing Funding Account (BTA) Name: | <input type="text"/> |
| Existing Travel Booking Provider Name: | <input type="text"/> |

Is a BTA Facilitator enabled on your existing Business Travel Account to facilitate Virtual Payments? Yes No

Is a Direct Debit in place ? Yes No

If you answered Yes and would like to keep your existing Direct Debit details, please leave section 6 blank. If you answered Yes but would like to amend your existing Direct Debit instruction, please indicate your new details in section 6.

If you answered No, and you would like to set up a Direct Debit now, please provide details in section 6.

3. Virtual Account Set-up Requirements with your New Travel Booking Provider

| | |
|------------------------|----------------------------------------------------------------------------------------|
| Do you want to set up: | 1) Lodged (LVAN) Virtual Account only <input type="checkbox"/> Yes |
| | 2) Both Lodged (LVAN) and Dynamic (DVAN) Virtual Accounts <input type="checkbox"/> Yes |

By choosing Option 2, the company named in section 2 elects to continue using the same third party to act as BTA Facilitator with your new Travel Booking Provider in line with the selection made in section 4 (BTA Facilitator Information) and agreement with section 8 (Company Authorisation and Declaration) of the original Business Travel Account Application Form.

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4. Statement Reference - Optional

If you would like to receive Customer references on your Business Travel Account with a Lodged (LVAN) and Dynamic (DVAN) Virtual Account linked to your new Travel Booking Provider, please indicate them in the below table.

Customer Supplied References

Customer references may be used by a business to help identify individual transactions on your Business Travel Account Statement.

Example References

| Reference Fields | Customer's Internal Reference Description | Preferred Format (A for Alpha and/or N for Numeric) | Mandatory Capture Yes/No |
|---------------------------|-------------------------------------------|-----------------------------------------------------|--------------------------|
| Ref. 1 (Max 9 characters) | Cost Centre | E.G. if reference has 6 characters AANNNN | Yes |

Please complete this section with guidance from your new Travel Booking Provider and your American Express representative. The number of reference fields available to your business will depend on your Travel Booking Provider. Up to 4 reference fields will be shown on your PDF statement. All 7 references will be reflected on your electronic files.

References Required

| Reference Fields | Customer's Internal Reference Description | Preferred Format (A for Alpha and/or N for Numeric) | Mandatory Capture Yes/No |
|----------------------------|-------------------------------------------|-----------------------------------------------------|--------------------------|
| Ref. 1 (Max 9 characters) | | | |
| Ref. 2 (Max 24 characters) | | | |
| Ref. 3 (Max 10 characters) | | | |
| Ref. 4 (Max 10 characters) | | | |
| Ref. 5 (Max 15 characters) | | | |
| Ref. 6 (Max 5 characters) | | | |
| Ref. 7 (Max 10 characters) | | | |

5. Company Authorisation and Declaration

Authorised Signature:

D D M M Y Y

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

By completing and submitting this application, you confirm that: (i) you are authorised to sign this application, provide the declaration and authorisations herein on behalf of the business named in section 2; (ii) you have informed the persons named in this application of the purposes of the processing of this application carried out by American Express Services Europe Limited ("American Express"), including the checks of personal and business records held at credit reference agencies and records held by fraud prevention agencies; (iii) you are authorised to provide the personal data included in this application to American Express; (iv) you have informed the persons named in the application that further identification and verification checks may be carried out against them as required; and (v) you acknowledge that personal data provided in this application may be processed in accordance with applicable data protection law for the purposes of administrating your participation in the Programme(s).

Authorised Signatory
Full First Name and Middle Name:

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Authorised Signatory Last Name:

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| |
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Job Title:

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6. Direct Debit – Optional

If you wish to pay your Account by Direct Debit, please complete the Direct Debit instruction and sign for and on behalf of the business.

Instruction to your bank or building society to pay by Direct Debit.

| | |
|---------------------------------------|------------------------------------------|
| Service User Number: | <input type="text" value="9 9 0 0 3 7"/> |
| Bank/Building Society Name: | <input type="text"/> |
| Bank/Building Society Address: | <input type="text"/> |
| Postcode: | <input type="text"/> |
| Name(s) of Account Holder(s): | <input type="text"/> |
| Bank Sort Code: | <input type="text"/> |
| Bank/Building Society Account Number: | <input type="text"/> |
| Reference: | <input type="text"/> |

Instruction to your Bank or Building Society

Please pay American Express Services Europe Limited Direct Debits from the account detailed above subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with American Express Services Europe Limited and, if so, details will be passed electronically to my bank/building society.

We warrant that the information provided above is correct, and we will notify American Express of any changes.

| | |
|-------------------------------------|------------------------------------------------|
| <p>Signature(s)</p> <p>X</p> | <p>D D M M Y Y</p> <p><input type="text"/></p> |
|-------------------------------------|------------------------------------------------|

| | |
|-----------------------------------------------------|------------------------------------------------|
| <p>Signature(s) (if applicable)</p> <p>X</p> | <p>D D M M Y Y</p> <p><input type="text"/></p> |
|-----------------------------------------------------|------------------------------------------------|

Banks and building societies may not accept Direct Debit instructions for some types of account.