

Company Account Application Form

All fields **MUST BE** completed in order for this application to be processed (unless otherwise stated). Please complete this application form **ON A COMPUTER**. If more than one person needs to complete this application please save it and forward it electronically. If you cannot complete it on screen, please print and use **CAPITALS** with black ink. Unless otherwise defined, any capitalised terms used in this form shall have the same meanings as those set out in the American Express Corporate Programme Terms and Conditions/Global Master Agreement, as applicable. For the purposes of this application all references to "business" means the relevant company or firm on behalf of which you are completing this application. You may wish to refer to your Finance Director or Company Secretary for the Management Details and Beneficial Owners sections.

1. Business Information

Does the applying business have a group turnover and/or annual balance sheet of more than EUR 2 million and employ 10 people or more ("microenterprise status")?

☐ Yes ☐ No

If no, please do not proceed. Visit americanexpress.co.uk/business to see our Small Business Cards offering.

Business Registered Name (do not abbreviate):

Business Registered Address (do not abbreviate):

Postcode:

Country:

Annual Business Turnover:

£

Country of Incorporation:

Date of Incorporation:

D D M M Y Y

Business Telephone Number (inc. country & area codes):

Business Registration Number:

VAT Number:

Industry Type:

Business Trading Name (if different from Business Registered Name):

Business Trading Address (if different from Business Registered Address):

Postcode:

Country:

If you have an existing American Express Corporate relationship, please provide your 15 digit Master Account number:

If you do not know this number, please contact your American Express representative.

Estimated Annual Account Spend:

£

2. Legal Structure

What type of business is applying? Tick all that apply.

☐ Limited Company ☐ Partnership ☐ Association ☐ Trust ☐ Government Body ☐ Charity

• If a **i) Limited Company ii) Partnership iii) Association or iv) Government Entity** provide the full name, residential address, nationality and date of birth of **all** registered **i)** Directors, **ii)** Managing Partners, **iii)** members of the governing body, **iv)** directors or individuals as they appear on legal registration documents (such as Articles of Association, Certificate of Incorporation, Annual Return, Partnership Agreement, Organisational Chart) in section 2.1.

• If a **Trust** please provide (i) the Trust deeds; (ii) the full name, residential address, nationality and date of birth of **all** Trustees, Beneficiaries, Settlers and Protector/Controllers of the Trust (whether an individual or legal entity) in section 2.1.

• If a **Charity**, please identify which legal structure your charity operates under, from the options directly above, and follow the related guidance for that option.

Registered Charity Number (if applicable):

American Express is required by law to gather information about the organisational structure and ownership of your business. It will not be able to process your application without it. American Express will use the information provided to carry out further identification and verification checks and reserves the right to request additional information at any time. Residential address, date of birth and nationality information are required in order for the identification and verification checks to be carried out in compliance with UK anti-money laundering legislation.

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2.1. Management Details

Please provide details of Directors and individuals who have day-to-day control as recorded on your company's legal documentation for the applicable business type, e.g. Directors, Trustees, Member, Partners, etc. If there is insufficient space below for the information requested, click the 'More Fields' button at the bottom of the page.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/> Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/> Nationality: <input type="text"/>

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/> Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/> Nationality: <input type="text"/>

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/> Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/> Nationality: <input type="text"/>

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/> Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/> Nationality: <input type="text"/>

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3. About Your Business

Does the applying business or any entity in the ownership structure issue Bearer shares¹:

☐ No

☐ Yes

If yes, please do not proceed with this application. Please contact your American Express representative if you are unsure.

Is the applying business listed on a recognised Stock Exchange:

☐ No

☐ Yes

If yes, please confirm Stock Exchange name below (then proceed to section 4). (Please contact your American Express representative to establish what is considered a recognised Stock Exchange).

Is the applying business regulated by the UK Financial Conduct Authority (FCA):

☐ No

☐ Yes

If yes, please supply FCA Number: (proceed to section 3.1)

Please provide information about the ownership structure of the applying business. Please tick as appropriate.

☐

Yes (if yes complete section 3 & 3.1)

☐

No (if no proceed to section 3.1)

If there are business entities within your organisation structure not captured on this form, please provide additional details of business names and percentage ownership throughout the ownership structure on a separate document on company letterhead, starting with the applying business and working up to one of the three entity types below. If the ownership structure is multi-layered, please supply an organisation chart.

Please tick which of the following options apply

There is an entity in the ownership structure:

☐

that is the ultimate parent and is not owned or controlled by 25% or more by another entity or individual person.

Please also complete section 3.1 and provide details of the senior person responsible for the operations of the corporate body, who exercises control over the management of the company as listed in section 2.1.

Ultimate Parent Entity Registered Name:

Entity Registered Name:

Stock Exchange Name:

Entity Registered Name:

FCA Registration Number:

Ultimate Parent Company Registered Address:

Postcode:

Country:

¹ Bearer shares are shares that are wholly owned by whoever holds the physical share certificate. The issuing business neither registers the owner of the share nor tracks any transfers of ownership. It is most common with companies either registered or with connections outside the UK. You should check with your Company Secretary or in-house Chartered Accountant whether Bearer shares have been issued.

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3.1. Beneficial Owners

If one or more **persons** owns or controls 25% or more of the applying business's shares or voting rights, even if these interests are held indirectly, **all data fields below must be completed**. If there are no individuals owning 25% or more please provide details of the senior person responsible for the operations of the corporate body, who exercises control over the management of the company as listed in section 2.1.

Entity Name:	<input type="text"/>	
% Ownership:	<input type="text"/>	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full First and Middle Name(s):	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>	Nationality: <input type="text"/>

Entity Name:	<input type="text"/>	
% Ownership:	<input type="text"/>	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full First and Middle Name(s):	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>	Nationality: <input type="text"/>

Entity Name:	<input type="text"/>	
% Ownership:	<input type="text"/>	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full First and Middle Name(s):	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>	Nationality: <input type="text"/>

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3.1. Beneficial Owners (Cont'd)

Entity Name:	<input type="text"/>	
% Ownership:	<input type="text"/>	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
Full First and Middle Name(s):	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address:	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>	Nationality: <input type="text"/>

4. Programme Administrator's ("PA's") Details

The following person is authorised to act on behalf of the business in administering all aspects of the American Express Business Travel Account, including nomination and approval of further PAs, and establishment and modification of restrictions on the use of the Account by individual Account Users. If you wish to appoint an additional PA in the future, you can do so using a separate form available from your American Express representative.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
PA Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
	Country: <input type="text"/>
Employer Business Name (if different to Business Registered Name provided in section 1):	<input type="text"/>
PA Correspondence Address (if different to Business Registered Address in section 1):	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
	Country: <input type="text"/>
Office Telephone Number (inc. country & area codes):	<input type="text"/>
Office Email Address:	<input type="text"/>
PA's Primary Country:	<input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>
	Nationality: <input type="text"/>
Mother's Maiden Name:	<input type="text"/>
PIN (must be 4 digit numeric):	<input type="text"/> Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.
Memorable Date (DDMM):	<input type="text"/> Please do not use your own birthday or replicate your PIN.
Clue to Memorable Date:	<input type="text"/>

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4. Programme Administrator's ("PA's") Details (Cont'd)

Are paper Statements required: ☐ Yes ☐ No

4.1. PA's Online Service Access

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

The PA will be authorised to administer all servicing activities of the American Express Programme(s), and will automatically be enrolled into all standard Online Service tools to help manage the Programme(s).

5. Insurance Benefits Enrolment

Your BTA product comes with insurance benefits, which are provided under a group policy that American Express holds for the benefit of its Clients and business travellers. There is no additional charge to your company if you choose to receive this benefit.

Please choose whether your company would like the travel insurance cover benefits:

☐ Yes ☐ No I understand that there will not be an adjustment to any product fees and that my Company can opt back in at any time by submitting a claim.

Please read and ensure that you understand the Insurance Key Information which can be found at americanexpress.com/uk/terms

6. Business Authorisation and Declaration

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 1; (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 administering your 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/Global Master Agreement, as applicable, provided with this application.

You warrant that the information herein is true and correct and that you will notify American Express of any changes. You authorise American Express to contact your bankers or any other source to obtain any information it requires to establish the Account.

You certify the business is not a microenterprise as defined by Commission Recommendation 2003/361/EC i.e. the business has a group turnover and/or annual balance sheet total greater than EUR 2 million and employ 10 persons or more.

You assume responsibility for all Charges incurred by your directors, employees or contractors and for implementing and exercising reasonable measures and controls to ensure that the Account is used only in accordance with the American Express Corporate Programme Terms and Conditions/Global Master Agreement, as applicable provided with this application. You understand that American Express may decline this application without giving a reason and without entering into any correspondence.

Where a PA is employed by an Affiliate legal entity or a third party servicing centre, you 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 the business per this application. You shall ensure: (a) you have the authority from your employees, contractors or agents that use the Programme ("Individuals") and any Individuals of your 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. You acknowledge that American Express does not take responsibility for any information sent or made available to a PA/legal entity on such authorisation by you.

New Clients

By signing this application, you accept on behalf of the business the American Express Corporate Programme Terms and Conditions/Global Master Agreement, as applicable, provided with this application and request that we enrol the business in an American Express Business Travel Account.

Existing Clients

By signing this application, you request that we enrol the business in a new American Express Business Travel Account. You acknowledge that the American Express Corporate Programme Terms and Conditions/Global Master Agreement, as applicable, that the business previously accepted, as amended from time to time, the current version of which American Express has provided with this application for reference, apply to the new Programme.

Signature

X

D D M M Y Y

Please provide authorised signatory's details below.

Full First and Middle Name(s):

Last Name:

Business Name:

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6. Business Authorisation and Declaration (Cont'd)

Job Title:	<input type="text"/>	
Contact Telephone Number (inc. country & area codes):	<input type="text"/>	
Email Address:	<input type="text"/>	
Residential Address:	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>	Nationality: <input type="text"/>

American Express undertakes not to transfer personal data contained in this application to any third parties, except if required by law or with your prior consent. American Express Services Europe Limited will not sell your data to anyone. The information collected from you will not be used for marketing purposes. Personal data is retained only for so long as is necessary for the above purposes or as required by applicable law.

7. 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.

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

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

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Submitting your Application Form

IMPORTANT: Please check all relevant fields are complete. Missing data may delay the processing of your application.

What should you do once the application is complete?

Please print this document, then sign and date:

- Section 6 – Business Authorisation and Declaration (page 6)
- If applicable section 7 – Direct Debit details (page 7)

Please retain the Direct Debit Guarantee slip on page 8.

Please ensure that you have provided any additional documentation required, e.g. business organisation structure¹, Trust deeds², or Partnership Agreement³.

Please return this application and any additional documentation to your American Express representative.

If sending documents by email, please remember that the internet can be insecure.

Please note the following when providing additional documentation:

1. Business Organisational Structure: The organisational structure chart must be certified/signed by any one of the following individuals: Lawyer*, Accountant*, Public Notary*, Director (of your organisation, this individual will be identified and verified). The following must be included in the certification**: Date (the certification should be no older than 6 months old), Name of certifier, Position of certifier, Signature. Contain the declaration: Other than those listed on the Organizational Chart, there are no individuals or entities, who ultimately owns or controls (whether through direct or indirect ownership or control, including through bearer share holdings, nominee shareholding or by other means) 25% or more of the shares or voting rights in the body corporate; or exercises control over the management of the body corporate; or otherwise exercises significant influence or control over the body corporate.

2. Trust deeds: The trust deed/ amendments must be certified by one of the following individuals: Lawyer*, Solicitor*, Accountant*. Where the Trust Deed has been signed by a Lawyer, Solicitor or Accountant, the individual who has signed the letter must send this directly to American Express or be on copy of the email. The following must be included in the certification**: Date (the certification should be no older than 6 months old), Name of certifier, Position of certifier, Signature.

3. Partnership Agreement: The partnership agreement must be certified/signed by any one of the following individuals: Lawyer*, Solicitor*, Accountant*, Verified Partner. The individual who has signed the partnership agreement must send this directly to American Express or be on copy of the email. The following must be included in the certification**: Date (the certification should be no older than 6 months old), Name of certifier, Position of certifier, Signature.

*Individual must be a member of a professional body or searchable on a reputable/recognised site (e.g. ACCA, ICAEW, Law Society etc.).

**The certification must also be certified as a True Copy of the Original.

AMERICAN EXPRESS BUSINESS TRAVEL ACCOUNT

BTA_UK_CompanyApp_April2025



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit American Express Services Europe Ltd will notify you five working days in advance of your account being debited or as otherwise agreed. If you request American Express Services Europe Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by American Express Services Europe Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when American Express Services Europe Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.