

BRITISH AIRWAYS AMERICAN EXPRESS® BUSINESS TRAVEL ACCOUNT

Company Account Application Form

All fields **MUST BE** completed, unless otherwise stated. Please complete this application form **ON A COMPUTER**. 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 British Airways American Express Corporate Programme Terms and Conditions. For purposes of this application all references to (i) "business" means the relevant company or firm on behalf of which you are completing this application; and (ii) "On Business" means the unique loyalty programme offered by British Airways.

You may wish to refer to your Finance Director or Company Secretary for the Management Details and Beneficial Owners sections.

1. British Airways On Business Number

On Business Number:

By providing this number, you agree that American Express may pass your details to British Airways to verify your On Business membership.

If you are not a British Airways On Business member, please complete the British Airways On Business enrolment form which can be found at onbusiness.britishairways.com.

2. Business Information

Business Registered Name
(do not abbreviate):

Country:

Country of Incorporation:

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

Business Registration Number:

Country:

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

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

Estimated Annual Account Spend:



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3. 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 **up to 4** 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 3.1.
- If a **Trust** please provide (i) the Trust deeds; (ii) the full name, residential address, nationality and date of birth of **up to 4** Trustees, Settlors and Protector/Controllers of the Trust (whether an individual or legal entity) in section 3.1.
- 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.

3.1. Management Details

Please provide details of up to 4 individuals, as recorded on your company's legal documentation for the applicable business type.

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

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4. About Your Business

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

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 5). (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 5)

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

Does a person(s) own/control 25% or more of the applying business's shares or voting rights:

No Yes If yes, please continue below and ensure you provide Beneficial Owner details in section 4.1

Does a business own or control 25% or more of the applying business's shares or voting rights:

No Yes If no, proceed to section 5. If yes, continue below

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.

Within the overall ownership structure there is:

A) An ultimate parent (owned or controlled by 25% or more by another business or person):

No Yes, provide Ultimate Parent Entity Registered Name in the space provided below

B) A business entity that is listed on a recognised Stock Exchange:

No Yes, provide Parent Registered Name and Stock Exchange Name in the space provided below

C) A business entity which is regulated by the UK Financial Conduct Authority:

No Yes, provide FCA Entity Registered Name and FCA Registration Number in the space provided below

Ultimate Parent Entity Registered Name:

Ultimate Parent Entity Registered Address

Postcode:

 Country:

Parent Registered Name:

Stock Exchange Name:

FCA Entity Registered Name:

Where a person(s) own(s)/control(s) 25% or more of the applying business's shares or voting rights, please provide entity registered name & individual share owner/controller(s) details in section 4.1.

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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4.1. 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 nominate one Director listed in section 3.1.

| | |
|---|---|
| Entity Name: <input type="text"/> % Ownership: <input type="text"/> Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | <input type="text"/> <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"/> |
| | |
| Entity Name: <input type="text"/> % Ownership: <input type="text"/> Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | <input type="text"/> <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"/> |
| | |
| Entity Name: <input type="text"/> % Ownership: <input type="text"/> Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | <input type="text"/> <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"/> |
| | |
| Entity Name: <input type="text"/> % Ownership: <input type="text"/> Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | <input type="text"/> <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"/> |
| | |
| Entity Name: <input type="text"/> % Ownership: <input type="text"/> Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other | <input type="text"/> <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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5. Programme Administrator's ("PA's") Details

The following person is authorised to act on behalf of the business in administering all aspects of the British Airways 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 Mrs Ms Miss Other

Full First and Middle Name(s):

Last Name:

Employer Business Name (if different to Business Registered Name provided in section 2):

PA Correspondence Address (if different to Business Registered Address in section 2):

Postcode:

Country:

If the PA or their employer is located outside the European Economic Area (EEA), or the correspondence address is outside the EEA then you will need to complete a [Global Data Transfer Form](#), unless previously completed by your business.

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

Office Email Address:

Programme Administrator's Primary Country:

Date of Birth (DDMMYY):

Mother's Maiden Name:

PIN (must be 4 digit numeric):

Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.

Memorable Date (DDMM):

Please do not use your own birthday or replicate your PIN.

Clue to Memorable Date:

Are paper Statements required:

Yes No

5.1 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 British Airways American Express Programme(s), and will automatically be enrolled into all standard Online Service tools to help manage the Programme(s).

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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 administrating your participation in the Programme(s).

For further information on how American Express collects and processes data, please refer to the British Airways American Express Corporate Programme Terms and Conditions 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 British Airways American Express Corporate Programme Terms and Conditions 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 British Airways American Express Corporate Programme Terms and Conditions provided with this application and request that we enrol the business in a British Airways American Express Business Travel Account.

Existing Clients

By signing this application, you request that we enrol the business in a new British Airways American Express Business Travel Account. You acknowledge that the British Airways American Express Corporate Programme Terms and Conditions 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

D D M M Y Y

Please provide authorised signatory's details below.

Full First and Middle Name(s):

Last Name:

Business Name:

Job Title:

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

Email Address:

Residential Address:

Postcode:

Country:

Date of Birth (DDMMYY):

Nationality:

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.

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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:

9 9 0 0 3 7

Bank/Building Society Name:

[REDACTED]

Bank/Building Society Address:

[REDACTED]

[REDACTED]

Postcode:

[REDACTED]

Name(s) of Account Holder(s):

[REDACTED]

[REDACTED]

Bank Sort Code:

[REDACTED]

Bank/Building Society Account Number:

[REDACTED]

Reference:

[REDACTED]

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)

X

D D M M Y Y

[REDACTED]

Signature(s) (if applicable)

X

D D M M Y Y

[REDACTED]

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

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 structure, Trust deeds or Partnership Agreement.

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.

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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 Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request American Express Services Europe Limited 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 Limited 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 Limited 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.