



AMERICAN EXPRESS® CORPORATE PROGRAMME

Programme Administrator Enrolment Form - UK

Please complete one form for each Programme Administrator ("PA") per legal entity. The form must be completed by an Authorised Signatory or a PA on behalf of the business. Please complete all fields. If there is insufficient space, please submit additional information on company letterhead, which should be dated and signed. 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. Please note if Master Control Account ("MCA") details are provided on this form, the PA will have access to all Basic Control Accounts ("BCA") that operate under this MCA.

For any queries, please contact the PA Servicing team at UKPA servicingenrollments@aexp.com or telephone 0800 917 8230 (UK) or +44 (0) 1273 608123 (International)

1. Company and Account Details

Business Registered Name:

Business Registered Address:

Postcode: Country:

American Express MCA or BCA Number/
American Express Company Number:

Please provide details of the Account(s) the PA is authorised to manage and the product(s) this relates to. Please note if you have multiple products under the same MCA, you will need to list the MCA for each product. For BTA, you can either provide the MCA, BCA or the 15 digit Account Number.

Account Number(s)	Product
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Corporate Membership Rewards:

If the PA nominated in section 2 manages the Corporate Membership Rewards (CMR) Programme, please provide the 12 digit CMR Account number, or the 15 digit Card number:

2. PA Details

The following person is authorised to administer the above mentioned Account(s) on behalf of the business. This includes offline servicing and access to Online Service.

Title: Mr Mrs Ms Miss Other

Full First and Middle Name(s):

Last Name:

PA Residential Address:

Postcode: Country:

Employer Business Name:
(if different to Business Registered Name provided in section 1)

Correspondence Address:
(if different to Business Registered Address provided in section 1)

Postcode: Country:

Work Telephone Number
(inc. country and area codes):

Work Email Address:

PA's Primary 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.

If the PA manages Accounts across a number of countries, please nominate your preferred primary country. The primary country defines the default language and starting page for Online Service.

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2. PA Details (Continued)

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

Date of Birth (DDMMYY):

Nationality:

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:

3. PA Permissions and Online Service

The PA will be authorised to administer all servicing activities of the American Express Programme(s). If you would also like the PA to approve Cardmember applications, tick below.

Approve Cardmember applications

The PA will automatically be enrolled into all standard Online Service tools to help manage the Programme(s). If you wish to customise the PA's Online Service tools, please tick this box and complete the appendix on this form. Please also complete sections 4 & 5.

4. Central Card and Paper Statement Delivery

If you require the PA nominated in section 2 to receive Cards and/or paper Statements centrally, please provide details below. This will supersede any previous instructions. **Only one Card or paper Statement recipient is permitted per BCA and/or American Express Company Number.**

5. Business Authorisation and Declaration

The information you have given in this form is true and correct. On behalf of the business you confirm that: (i) you have informed the persons named in this form of the purposes of the processing carried out by American Express Services Europe Limited ("American Express"); and (ii) you have the authority of the other persons named in this form to disclose their details to American Express.

Where the information provided constitutes personal information, you understand that such information will be processed in compliance with applicable data protection legislation. Such personal information shall only be obtained for the purposes stated in this form. You acknowledge that personal data provided in this form 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.

Where a PA is employed by an Affiliate legal entity or a third party servicing centre, you authorise American Express and/or American Express's Affiliates to send or make available to that PA/legal entity any data which the PA is entitled to receive. 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. American Express does not take responsibility for any information sent or made available to a PA/legal entity on such authorisation by you.

You warrant that the information herein is correct and that you will notify American Express of any changes. Signed on behalf of the business named in section 1 of this form.

I am signing this form on behalf of the business in my capacity as a PA

I am signing this form on behalf of the business in my capacity as an Authorised Signatory

Title:

Mr Mrs Ms Miss Other

Full First and Middle Names:

Last Name:

D D M M Y Y

Signature

X

Send completed forms by mail to: American Express Services Europe Limited, Corporate UK PA Servicing (UMC 87-03-014), 1 John Street, Brighton BN88 1NH, or email to UKPA Servicingenrollments@aexp.com. Please be aware that the internet and some email services may not always be secure.