

# Request for updated customer information

As part of our regulatory obligation as an Authorised Payment Institution, we at American Express are required to periodically review the information we hold on our customers and take steps to ensure that this information is continually kept up to date. Please:

- 1) Provide the information below making sure you have completed all fields
- 2) Use BLOCK CAPITALS in blue or black ink
- 3) Sign your name on the reverse and return in the prepaid envelope provided to American Express – KYC Team, UMC 87-03-023, 1 John Street, Brighton, BN88 1NH, United Kingdom. If you have any questions simply call our Customer Service team on 01273 67 55 33, who will be happy to assist you.

### Section 1: Trading Details

American Express Merchant Number:

Trading Name:

Company Name:

Trading Address:

Town/City:

Postcode:

Tel Number:  
 -

Fax Number:  
 -

Email Address:

We would like to keep you up to date with the latest news and information on our merchant products and services. Please tick here to receive this information via email.

### Section 2: Business Details

Nature of Business:

Business Legal Structure:  
 Ltd Company    Partnership    Sole Trader    PLC  
 Council/Local Authority    Charity    Trust

Definitions:  
**PLC (Public Limited Company)** - A limited company whose shares may be offered for sale to the general public.  
**Ltd Company** - A company where the liability for shareholders is limited to the amount of their investment in the company.

Company Reg.Number (where applicable):

Registered Charity Number (where applicable):

Address of Registered Office Building Number/Name:

Town/City:

Postcode:

Country:

Travel Agents/Tour operators only:  
 ABTA Number:

IATA Number:

ATOL Number:

### Section 3: Ownership Details

**Beneficial Owners**  
 Please provide the details of all individual beneficial owners (natural persons) owning or controlling 25% or more of the company's shares or voting rights, even where these interests are held indirectly, e.g. via a Trust or holding company. This information is not required for **PLCs, Govt Agencies, Councils and regulated institutions**. Where the beneficial owner structure is complex, a structure diagram should be provided.

There are no beneficial owners who meet the above stated criteria

If ticked or if the Ultimate Beneficial Owner is an entity please provide the details of at least one senior person.

**Owner One**  
 Title: Mr.  Mrs.  Miss  Other

Full Name:

Date of Birth:

Nationality:

% legal ownership:

Full Home Address:

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## Section 3: Ownership Details continued...

### Owner One continued

Town/City:

Postcode:

Country:

### Owner Two

Title: Mr.  Mrs.  Miss  Other

Full Name:

Date of Birth:

Nationality:

% legal ownership:

Full Home Address:

Town/City:

Postcode:

Country:

### Owner Three

Title: Mr.  Mrs.  Miss  Other

Full Name:

Date of Birth:

Nationality:

% legal ownership:

Full Home Address:

Town/City:

Postcode:

Country:

### Owner Four

Title: Mr.  Mrs.  Miss  Other

Full Name:

Date of Birth:

Nationality:

% legal ownership:

Full Home Address:

Town/City:

Postcode:

Country:

American Express Payment Services Limited undertakes not to transfer personal data contained in this form to any third parties, except if required by law or with your prior consent. American Express Payment Services 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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## Section 4: Directors

### Directors

Please provide full details of all publicly listed controllers, directors or partners (up to a maximum of 20). For Trusts please provide details of all Trustees, Settlers and Protectors/Controllers of the Trust. Any additional director information should be provided on the additional information form.

#### Director One

Title: Mr.  Mrs.  Miss  Other

Full Name:

  


Date of Birth:

Nationality:

Full Home Address:

  


Town/City:

Postcode:

Country:

#### Director Two

Title: Mr.  Mrs.  Miss  Other

Full Name:

  


Date of Birth:

Nationality:

Full Home Address:

  


Town/City:

Postcode:

Country:

#### Director Three

Title: Mr.  Mrs.  Miss  Other

Full Name:

  


Date of Birth:

Nationality:

Full Home Address:

  


Town/City:

Postcode:

Country:

#### Director Four

Title: Mr.  Mrs.  Miss  Other

Full Name:

  


Date of Birth:

Nationality:

Full Home Address:

  


Town/City:

Postcode:

Country:

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## Section 5: Authorised Signatory

The information I have given in this form is true and correct. On behalf of the Company and in my capacity as Authorised Representative I confirm that I have the authority of the other persons named in this application to disclose their details to American Express Payment Services Limited and I have informed them that further identification and verification checks may be carried out against them as required. Where the information I have provided constitutes personal information, I understand that such information will be processed in compliance with appropriate data protection legislation. Such personal information shall only be obtained for the purposes stated.

Name:

Position in Company:

If you are not currently listed on this account by American Express as an individual who is authorised to sign on behalf of your organisation then please also provide your Date of Birth and Home Address below and a copy of an official document which lists you as an individual with authority to act on behalf of your organisation, e.g. Certificate Of Incorporation, Memorandum of Association, Articles of Association, Partnership Agreement.

Date of Birth:

Nationality:

Full Home Address:

Town/City:

Postcode:

Signed for and on behalf of the Company:

Signature

X

Date:

# Additional Information Sheet

Please provide details of additional Directors or Controllers (up to a maximum of 20) and Authorised Business Contacts.

Controller
  Director
  Authorised Business Contact

Mr.
  Mrs.
  Ms.
  Miss
 Other

Full Name:

Home Address:

Town/City:

County:

Postcode:

Date of Birth:

Nationality:

Job Title:

Controller
  Director
  Authorised Business Contact

Mr.
  Mrs.
  Ms.
  Miss
 Other

Full Name:

Home Address:

Town/City:

County:

Postcode:

Date of Birth:

Nationality:

Job Title:

Controller
  Director
  Authorised Business Contact

Mr.
  Mrs.
  Ms.
  Miss
 Other

Full Name:

Home Address:

Town/City:

County:

Postcode:

Date of Birth:

Nationality:

Job Title:

Controller
  Director
  Authorised Business Contact

Mr.
  Mrs.
  Ms.
  Miss
 Other

Full Name:

Home Address:

Town/City:

County:

Postcode:

Date of Birth:

Nationality:

Job Title: