

1. Practical modalities

American Express Central Order Card Opening of Company Account

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Please fill out this document and send it duly signed to:
Alpha Card scrl, Boulevard du Souverain 100, 1170 Brussels
or return it via e-mail to your dedicated Alpha Card Contact Person.

In order to improve readability and to avoid delays in processing this application form, please fill in this document electronically. You can also print it and complete it in writing, using CAPITAL LETTERS in blue ink or black. All fields are mandatory.

Estimated yearly charge volume				El	JR																	
Payment delay :	28 days																					
	Yea	ırly carı	d fee d	of the (Central	Order (Card			EU	R											
	The yearly fee of the Card is determined based on the potential volume of your account and the agreed payment delay. It can be adapted on an annual basis.																					
Membership Rewards®	Membership I points. These											-					d, the	e Ca	rd H	older	can s	ave
The Card Holder can pa	rticipate to Mei	nbershi	p Rev	vards	○ Ye	es			(N	0												
* If the company uses th					500.000	Eur/ye	ar, an c	thers	cheme	appli	es.											
Do yo	ou wish to block	cash w	ithdra	ıwal?	O Ye	es			_ N	0												
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	The Comp	any pay	's tne i	Wontn	ly State	ment a	ina red	eive	s a ce	ntrali	sea i	mon	tniy s	umma	iry.							
2. Company information																						
Registered Company name	e (Legal name)																					
Legal form o	f the Company																					
Address Registered Office (Street and Nr.)																						
ZIP Code					City																	
Country																						
Full trading name (Com	imercial name)																					
Trading address (Street and Nr.)																						
ZIP Code					City																	
Country																						
Office phone																						
Office fax																						
VAT number																						
Enterprise number																						
Industry sector												N	ace C	ode								
Is your Company alre	ady a client of A	merica	n Expi	ress?	O Ye	es			N	0												
If yes, please indicate your Americ	can Express Con	npany A	ccour	nt Nr.					-				-									



3. Bank Information																																
Bank Name																																
Bank Account number / IBAN code																																
BIC code													Ì												Ì							
Payment method		D	irect	t Del	bit (P	leas	se fil	II in a	Dire	ect D	ebit	maı	nda	te)																		
		В	ank ⁻	Tran	sfer																											
A Durana Administra																																
4. Programme Administra The person below is authorized by the			nv to	ron	unet	tor	min	ata a	nd n	nana	no (`ont	ral ()rdo	r Ca	rde																
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Last Name											ĺ	Ī	ĺ	ĺ										Ī								
Date of birth	D	D	M	M	Υ	Υ	Υ	Υ																								
Function																																
Professional address (if different from above)	Ī										İ	i	Ī		i	T	Ī		i	i	i			Ī	Ī		T	ī				
ZIP Code										City	,	i		ì		i	İ	ì						Ī		1	i	ī				
Country												i		i	i	i	i		i	i												
Office phone*																																
E-mail address*																												_				
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5. Request for Company's	. 111	tir	not	to I	Par	anf	ioi	ما (<i>ا</i>	1	nor	C																					
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Please complete: The Company, as des					z is a) Ye:			\bigcirc	No																							
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Stock exchan																																
European regulated financial	_				Yes				No																							
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European publi					Yes	ა 			No			1				_]		C	unte:		 		
Gover	nmei	nt L	epa	rtme	ent																						COU	ıntr	У			



- If you ticked "Yes" to any of the above, please go to section 7 (you do not need to fill in the Beneficial Owners appendix).
- If you ticked "No" to all of the above, please complete the appendix regarding the Beneficial Owners of the company.

6. Card Applicant details																																
First Name																										() [Mr.		0	Mrs	S
Last Name																																
Date of birth	D	D	M	M	Υ	Υ	Υ	Υ	(Coun	itry o	of bi	rth																			
Full home address																																
ZIP Code										City																						
Country																																
Nationality										Ì																						
Mother's first name (used for identification purposes)							Ī	Ī		Ī						Ī				Ī												
Mobile phone*							i	ī		Ì						Ī		'														
Office phone*							i	Ī																								
E-mail address*	Ī	Ī					i	Ī		Ī						Ī												T				
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Voice Mail) may not be used by Alpha Card for Direct Marketing Purposes and shall be used in accordance with the General Terms and Conditions.																																
7. Signature of the Card A	рр	lic	an	t																												
- For all others, copy (both sides) of val	Signature of the Card Applicant ease join: for Belgian residents, copy (both sides) of valid Belgian ID. for all others, copy (both sides) of valid EU Identity card or valid international passport. we quality documents will be rejected and you will be asked to provide a higher quality copy.																															
The Undersigned warrants that he/she has r A copy of these General Terms and Condition also available at www.americanexpress.be/ . This agreement shall be effective upon appr of the Application, constitute acceptance of	ns ar <u>/doci</u> oval	nd the umer by A	e Ado <u>its</u> d Ipha	dend corpo Card	um m <u>rate</u> of th	nay be / or <u>w</u> nis ap	e req <u>ww.</u> plica	ueste <u>amer</u> tion,	d fro	m Alp expre	oha C ss.be	ard -	- Vors	stlaa te o	n 10 docu	0 - 1 men	170 E ten/	Brus	sels,	tel:												
Data Protection The Undersigned hereby attests to the truth handles Personal Data in its capacity as Da Controller to manage customer relations, to for direct marketing purposes. Since the emj and correct data processed, please contact Alpha Card may request additional informati	ta Com com ploye the	ontro iply v er ha Alpha	ller i vith s sel a Car	in aco legal ecteo rd - C	corda requ d a Co usto	ance uirem orpor mer S	with ents, ate C ervi	the p for it Card, t ce, Vo	rovis s ow the Co orstla	ions n cor ompa an 10	of the nmer iny's (e Pri cial cont 70 B	vacy purp act p russe	Sta oses erso els.	teme and on ma	ent s I to p ay a	et ou preve	ent a	the (nd c per	Gene omb	ral ⁻ at al	Term: ouse.	s an The	d Co cus	nditi tom	ions er m	. The	se d bject	ata aı t to th	re use e use	of th	the Data ese data
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Signature																																
Date	Ιn	Ιn	M	lM	Ιγ	V	٧	γ				Pla	ace																			



8. Authorized Signer(s)

Please join for all Authorized Signers:

- For Belgian residents, copy (both sides) of valid Belgian ID.
- For all others, copy (both sides) of valid EU Identity card or valid international passport.
- For all, a proof of address (=copy of the latest utility bill such as gas, water, electricity ...).

Low quality documents will be rejected and you will be asked to provide a higher quality copy.

This Opening of Company Account (hereinafter the "Opening of Account") must be signed by the Company's authorized person(s). This signature certifies the accuracy of the information contained herein and in the Appendix "Ultimate Beneficial Owners" and authorizes Alpha Card CVBA/SCRL to obtain information from the Bank or other institution. By signing below, each signatory warrants that he/she has read and understood the General Terms and Conditions attached hereto. These General Terms and Conditions are also available at www.americanexpress.be/documents corporate/ or www.americanexpress.be/documents/ corporate/ or www.americanexpress.be/documents/ corporate/ or www.americanexpress.be/documents/ corporate/

A copy of these General Terms and Conditions may be requested from Alpha Card - Vorstlaan 100 - 1170 Brussels, tel: +32 (0)2 676 29 29. This agreement shall be effective upon approval by Alpha Card of this application, or once the card is activated, or after first use of the Card(s), whichever occurs first, all of which, including signing of the Opening of Account, constitute acceptance of the General Terms and Conditions.

Data Protection

Alpha Card handles Personal Data in its capacity as Data Controller in accordance with the provisions of the Privacy Statement set out in the General Terms and Conditions.

These data are used by the Data Controller to manage customer relations, to comply with legal requirements, for its own commercial purposes and to prevent and combat abuse.

The customer may object to the use of these data for direct marketing purposes. To inspect and correct data, please contact the Alpha Card - Customer Service, Vorstlaan 100, 1170 Brussels.

Alpha Card may request additional information prior to the issuance of this card and may reject this Application at its discretion.

Authorized Signer 1																										
First Name																				0	М	r.	\subset	Mı	s.	
Last Name																										
Home address																										
ZIP Code									City	y																
Country																										
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CORPORATE PAYMENT SOLUTIONS

	Required additional documents Please be informed that failing to provide any of these docume	nts may delay the set up of your account.
A c	copy of Articles of Association as published in the Official Gazette	The Beneficial Owner/Majority Shareholder appendix (if applicable)
A li	ist of Authorized Signers as published in the Official Gazette	For Authorized Signer(s), a proof of address
A li	ist of members of the Board of Directors as published in the Official Gazette	For Authorized Signer(s), please join: - For Belgian residents, copy (both sides) of valid Belgian ID Card
A c	copy of the latest balance	- For all others, copy (both sides) of a valid EU ID Card or international passport

