

PROGRAM ADMINISTRATOR DESIGNATION

Did you know?

If you require your Designated Program Administrators to have access to American Express @ Work, have them call American Express PA Servicing team 1-866-568-0308 Monday–Friday 8:00AM–8:00PM EST to register, or they can complete the [American Express @ Work Enrolment Form](#).

PROGRAM ADMINISTRATOR DESIGNATION FORM

* REQUIRED FIELDS MUST BE COMPLETED OR PROGRAM ADMINISTRATOR CANNOT BE DESIGNATED.

If you need to add more Program Administrators, please use an additional form.

Section 1 – Corporation Information Required

*Corporation Name

Corporation CID (For Existing Clients Only)

Section 2 – Program Administrator Designation

TOTAL NUMBER OF PROGRAM ADMINISTRATORS TO BE DESIGNATED:

The following individual(s) will be designated as Program Administrator(s):

1.

*Full Name

*Date of Birth
(MM/DD/YYYY)

*Job Title
(Please be specific e.g. Marketing Manager)

*Business Address (Street, City, Province, Postal Code, Country)

*Business Phone Number

*Business E-mail Address

*Residential Address (Street, City, Province, Postal Code, Country)

2.

*Full Name

*Date of Birth
(MM/DD/YYYY)

*Job Title
(Please be specific e.g. Marketing Manager)

*Business Address (Street, City, Province, Postal Code, Country)

*Business Phone Number

*Business E-mail Address

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3.

*Full Name

*Date of Birth
(MM/DD/YYYY)*Job Title
(Please be specific e.g. Marketing Manager)

*Business Address (Street, City, Province, Postal Code, Country)

*Business Phone Number

*Business E-mail Address

*Residential Address (Street, City, Province, Postal Code, Country)

4.

*Full Name

*Date of Birth
(MM/DD/YYYY)*Job Title
(Please be specific e.g. Marketing Manager)

*Business Address (Street, City, Province, Postal Code, Country)

*Business Phone Number

*Business E-mail Address

*Residential Address (Street, City, Province, Postal Code, Country)

Section 3 – Confirmation

*Please select one of the following:

- I am an existing designated Program Administrator requesting to add additional Program Administrator(s) on our Company's American Express Program in Canada
- I am a Signing Officer requesting to add a Program Administrator(s) on our Company's American Express Program in Canada

I designate the above-mentioned individual(s) as Program Administrator(s) to actively manage our American Express Program in accordance with the Program Administrator section of our Company's Corporate Services Commercial Account Agreement with Amex Bank of Canada.

I confirm that consent has been provided by the Program Administrators named above to the collection, use, disclosure, and processing of information as provided for in the [Privacy Notice](#).

*First Name

*Last Name

X

*Signature

*Date

To submit this form, you can:

Email a scanned copy to: CorpCDAPA@aexp.com

Fax to: 905-474-8982

Mail to:

Amex Bank of Canada
1211 Denison St, Unit 18, Markham, Ontario, L3R 4B3

Information requested on this form is collected in keeping with Amex Bank of Canada's business requirements and regulatory obligations as set out in our Privacy Notice (which is located at americanexpress.ca/privacy).