

AMERICAN EXPRESS® CORPORATE PROGRAMME

Programme Administrator Modification Form - Finland

This form may be used to modify the details or the permissions of the existing Programme Administrators ("PA") for your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA on behalf of the Company. Only complete those fields that require changing, with the exception of section 1 and 4 which should be fully completed. Information provided will be applied across all Account(s) the PA is authorised to manage.

NOTE:

- **One form is required per legal entity**
- **One form is required per PA update**
- **All fields of the relevant sections MUST BE completed in order for this form to be processed (unless otherwise stated)**

Please save this PDF Form and open it with Adobe Acrobat to make it function correctly. Complete this form on a computer. When completed, return it by email or mail provided at the bottom of this form. Please note that the internet can be unsecure and therefore we recommend you use a secure encryption method when sending personal data and/or documentation to us via email to safeguard your personal data.

For changes regarding Name, Email, Mobile Phone Number, Residential address, and authentication details, please provide a copy of your passport or EEA National Identity Card*. For changes regarding residential address please provide proof of address**. For changes regarding Name please provide supporting documents e.g., marriage certificate.

1. Account and PA Details

Company Registered Name:	<input style="width: 100%;" type="text"/>
Company Registered Address:	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Postcode & City:	<input style="width: 100%;" type="text"/>
Country:	<input style="width: 100%;" type="text"/>
Organisation Number:	<input style="width: 100%;" type="text"/>

If you wish to change the Account(s) the PA listed in this form is authorised to manage, please provide these details below. Please provide: the change required (add or delete), the Account(s).

Add/Delete Account Number(s)

American Express Master Control Account Number or Basic Control Account Number:	<input style="width: 5%; border: none;" type="checkbox"/>	<input style="width: 90%;" type="text"/>
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In case the PA is authorised to manage multiple Company Accounts, but not the complete Master Control Account please provide each relevant Basic Control Account Number:

Add/Delete Account Number(s)

<input style="border: none;" type="checkbox"/>	<input style="width: 95%;" type="text"/>
<input style="border: none;" type="checkbox"/>	<input style="width: 95%;" type="text"/>
<input style="border: none;" type="checkbox"/>	<input style="width: 95%;" type="text"/>
<input style="border: none;" type="checkbox"/>	<input style="width: 95%;" type="text"/>
<input style="border: none;" type="checkbox"/>	<input style="width: 95%;" type="text"/>

Please provide the following **current** information we hold on the PA below. This will help us to locate details in our systems.

PA's Full Name:	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Email address:	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
PA's Primary Country:	<input style="width: 100%;" type="text"/>
Online Service User ID (if known):	<input style="width: 100%;" type="text"/>

2. PA's Modified Details

Please **only** provide details that require modifying for the PA listed in section 1.

First Name(s):	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Last Name:	<input style="width: 100%;" type="text"/>
Correspondence Address: (if different to Company Registered Address provided in section 1)	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

For name changes, please provide supporting documentation e.g marriage certificate.

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2. PA's Modified Details (Continued)

Postcode & City:	<input type="text"/>
Country:	<input type="text"/>
Residential address:	<input type="text"/>
Town:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Work Telephone Number (inc. country and area codes):	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>
PA's Primary Country:	<input type="text"/>
	If the PA manages Company Accounts across a number of countries, please nominate your preferred primary country.
	The PA will be required to provide the following information for identification and access purposes.
Verification PIN (must be 4 digit numeric):	<input type="text"/> Please do not choose sequential or repetitive numbers (such as 1234 or 5555), your birthday or your Memorable Date.
Memorable Date (DDMM):	<input type="text"/> Do not use a date that is the same as your Verification PIN and do not use your Birthday, 2412 or 0101 or any other date that is too transparent.
Clue to Memorable Date:	<input type="text"/>
Password:	<input type="text"/> Password will only be used over the phone and is not the same as the password that is used for online services. Password can consist of both letters and digits.

3. PA Permissions and Online Service

	<input type="checkbox"/> Please tick box if you wish to change the Servicing PA permissions to Signatory Rights PA permissions, i.e. in addition to administering all servicing activities, the PA can approve Cardmember applications and nominate additional PAs.
	<input type="checkbox"/> Please tick box if you want to remove/add the PA's Online Service accesses and complete the "Customised Online Access" section which will display below.
	Customised Online Access
	Please select from the options below for the Programme(s) the PA nominated in section 2 is authorised to manage.
Corporate Card:	<input type="checkbox"/> Online Programme Management
	<input type="checkbox"/> Reporting (Standard/Customised)
Business Travel Account:	<input type="checkbox"/> BTACConnect/Online Statements

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4. 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 Europe S.A. ("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 administrating 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 outside the United Kingdom (UK) or European Economic Area (EEA) or whose correspondence address is outside the UK or EEA that you wish American Express to send data or data files on your behalf, you hereby authorise and request American Express and/or American Express's Affiliates to send, transmit, provide, provide access to or make available certain data relating to you and your Affiliates' individual employees, contractors or agents who use the Services to that PA/Affiliate 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 agree that American Express will effectuate the transfers upon your request with no liability for the further processing undertaken by the PA/Affiliate legal entity.

You warrant that you have complied with and will continue to comply with all applicable rules, regulations, judicial or governmental authorities to authorize the transfer of the data as provided for herein and 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 Company in my capacity as a Signatory Rights PA
- I am signing this form on behalf of the Company in my capacity as an Authorised Signatory as per trade register

First Name(s):

Last Name:

Personal ID Number (DDMMYYXNNNN): Please provide a copy of a valid passport or EAA National Identity Card*

- I do not have a Finnish ID number or I do not have a permanent address in Finland.

Date of Birth (DDMMYY): Please provide a copy of a valid passport or EAA National Identity Card*

Work Email Address:

Job Title:

Authorised Signature

D D M M Y Y

X

If additional Company Authorised Signatory is required to sign this form, please click the button add more signatories.

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We accept both handwritten and email signature. If you sign by email, please send the completed form to FinlandPAServicing@aexp.com from the personal business email address of the Signatory Rights PA or Authorised Signatory and write "Take this as my signature to the attached form" in the email. If more than one Authorised Signatory is required to sign, please forward the signed email with the form attached to the next Signatory to sign before sending the completed form to American Express.

In case of handwritten signature, please return the signed form by email to FinlandPAServicing@aexp.com or post to American Express Europe S.A. (Suomen sivuliike), 00070 American Express, Finland

Please make sure that the Business Authorisation and Declaration section is completed before sending the document.

5. Documentation

[Add ID Copy]



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[Add ID Copy]



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[Add ID Copy] **Add the box if the button “add more signatories” is clicked.**



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[Add ID Copy] **Add the box if the button “add more signatories” is clicked.**



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[Add Proof of residential address]

A large, empty rectangular area defined by a dashed black border, intended for providing proof of residential address.

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[Add Supporting documents]

*Proof of ID:

- Valid Passport
- Valid EEA National Identity Card
- Valid Finnish Identity Card (only applicable when applicant lives in Finland)
- Valid Finnish Driving License (only applicable when applicant lives in Finland)

**Proof of address:

- Electricity, Gas or Water statement
- Bank or building Society statement
- Landline Telephone statement
- Rent slip ("vuokralasku")
- Cable, Satellite, TV or Internet bill
- Social insurance document ("Kansaneläkelaitos")
- Annual Mortgage statement
- Government issued correspondence i.e., tax bill, income tax bill