

CORPORATE MEMBERSHIP REWARDS®

Additional Card Enrolment in Corporate Membership Rewards

Please enrol the American Express Corporate Cards of the following employees of our Company in the **American Express® Corporate Membership Rewards Programme**. Please use a copy of this form if you want to add additional Cardmembers. The annual fee for participation is £30 per Card enrolled, with the exception of Platinum Cards where Membership Rewards® is complimentary. Fees are exclusive of any applicable VAT. Alternatively, to add 5 or fewer Cards, you can call us on 01273 608123 with your request.

Any employees currently enrolled in the individual Membership Rewards Programme will not be enrolled in Corporate Membership Rewards as the same Card cannot be enrolled in both Programmes at any one time. Please call 01273 608123 for information on how to cancel Cardmember enrolment in the individual Membership Rewards Programme.

1. Company Information		
Company Registered Name: Master Control Account Number: Corporate Membership Rewards Account Number: (when available)		
2. Cards to be Enrolled in the Programme		
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:	<u></u>	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	
First Name(s):		
Last Name:		
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$	



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2. Cards to be Enrolled in the Programm	ne (continued)
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	<u></u>
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	$X_1X_1X_1X_1X_1X_1X_1X_1$
First Name(s):	
Last Name:	
Card Number:	[A,A,A,A,X,X,X,X]



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3. Data Protection	
	American Express Services Europe Limited undertakes not to transfer personal data contained in this application to any third parties, except as required by law or with your prior consent. American Express Services Europe Limited will not sell your data to anyone. Personal data is retained only for so long as it is necessary for the purpose of collection or as required by law.
	By completing and submitting this application, you confirm that you are authorised to provide the personal data included in this application to American Express Services Europe Limited. You acknowledge that personal data provided in this application may be processed in accordance with applicable data protection law for the purposes of administrating your participation in Corporate Membership Rewards. For further information on how we collect and process data, please refer to the Terms and Conditions for American Express Corporate Membership Rewards Programme and the Terms and Conditions applicable to your American Express Corporate Card Programme.
4. Confirmation	
	Please enrol the Cards listed in section 2 in the Corporate Membership Rewards Programme. Requested by the Authorised Representative or Corporate Membership Rewards Programme Administrator for and on behalf of the Company.
Title:	Mr Mrs Miss Ms Other
First Name(s):	
Last Name:	
Job Title: Contact Telephone Number: (inc. country & area code)	
Date:	$D_1D_1M_1M_1Y_1Y$
Email Address:	
	To submit this application you can: Email a copy to CorporateMRSubmissions@aexp.com* Post to: American Express Services Europe Limited, Corporate PA Servicing Team, UMC 87-03-014, 1 John Street, Brighton BN88 1NH, United Kingdom Fax the form to: 01273 682777 * Please note that this email may only be used for submission of scanned forms. If sending documents by email, please remember that the internet can be insecure. For Customer Service enquiries please call 01273 608123.