

AMERICAN EXPRESS® CORPORATE MEMBERSHIP REWARDS

## Cancellation of Corporate Membership Rewards Programme

We hereby certify that we want to cancel our Company's enrolment in the **American Express® Corporate Membership Rewards Programme**. You will receive a pro-rata refund for the Programme fees. If you remain a client with American Express, you have 30 days from the cancellation date to redeem your outstanding points. However, if you cancel your Card Programme, your points will be forfeited immediately.

### 1. Company Information

Company Registered Name:	<input type="text"/>
Master Control Account Number:	<input type="text"/>
Corporate Membership Rewards Account Number: (when available)	<input type="text"/>

### 2. 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.

### 3. Confirmation

Please cancel our Company's Corporate Membership Rewards Programme listed above.  
**Signed by the Authorised Representative or Corporate Membership Rewards Programme Administrator for and on behalf of the Company.**

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Job Title:	<input type="text"/>
Contact Telephone Number: (inc. country & area code)	<input type="text"/>
Email Address:	<input type="text"/>

Sign and Date:

X

D | D | M | M | Y | Y

To submit this form you can:

Email a scanned copy to [CorporateMRSubmissions@aexp.com](mailto: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.