

AMERICAN EXPRESS® CORPORATE PROGRAMME INTERNATIONAL CURRENCY CARD

ICC-PA Modification Form-June 2024

Programme Administrator Modification Form

Please complete one form for each Programme Administrator ("PA") per legal entity. The form must be completed by an Authorised Signatory or a PA on behalf of the business. **Only complete those fields that require changing, with the exception of sections 1 and 5 which should be fully completed.** Information provided will be applied across all Account(s) the PA is authorised to manage. If there is insufficient space, please submit additional information on company letterhead, which should be signed and dated. Unless otherwise defined, any capitalised terms used in this form shall have the same meanings as those set out in the American Express Corporate Programme Terms and Conditions/ Global Master Agreement, as applicable. Please note that if Master Control Account ("MCA") details are provided, the PA will have access to all Basic Control Accounts ("BCA") that operate under this MCA.

For any queries, please contact your American Express Account representative or the PA Servicing team at ICCPAServicinginbox@aexp.com or call +44 (0) 1273 576849 (Dollar card).

1. Account and PA Details

Business Registered Name:	<input type="text"/>
Business Registered Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
American Express MCA or BCA/American Express Company number:	<input 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) and the corresponding product.

Add/Delete Account Number(s)	Product
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input 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 type="text"/>
Email address:	<input type="text"/>
PA's Primary Country:	<input type="text"/>
User ID (if known):	<input type="text"/>

2. PA's Modified Details

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

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
PA Residential Address:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>

For name changes, please provide supporting documentation i.e. marriage certificate or deed poll.

Correspondence Address: (if different to Business Registered Address provided in section 1)	<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"/>

If the PA manages Accounts across a number of countries, please nominate your preferred primary country. The primary country defines the default language and starting page for Online Services.

PA's Primary Country:	<input type="text"/>
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The nominated PA should complete the below five fields. This information is used to identify the PA for servicing purposes.

Date of Birth (DDMMYY):	<input type="text"/>	Nationality:	<input type="text"/>
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2. PA's Modified Details (continued)

Mother's Maiden Name
(your mother's family name at birth):

PIN (must be 4 digit numeric):

Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.

Memorable Date (DDMM):

Please do not use your own birthday or replicate your PIN.

Clue to Memorable Date:

3. PA Permissions and Online Service

The PA will be authorised to administer all servicing activities of the American Express Programme(s), including nomination and approval of further PAs and approval of new Cardmember applications.

The PA will automatically be enrolled into all standard Online Service tools to help manage the Programme(s). If you wish to customise the PA's Online Service tools, please tick this box and complete the appendix on this form.

4. Central Card and Paper Statement Delivery

If you require the PA listed in section 1 to receive Cards and/or paper Statements centrally, please provide details below. This will supersede any previous instructions. Only one Card or paper Statement recipient is permitted per BCA and/or American Express Company Number.

5. 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 Services Europe Limited ("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 administering 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 business in my capacity as a PA

I am signing this form on behalf of the business in my capacity as an Authorised Signatory

Title:

Mr Mrs Ms Miss Other

Full First and Middle Names:

Last Name:

D D M M Y Y

Signature

X

Send completed forms by mail to: American Express Services Europe Limited, Corporate UK PA Servicing (UMC 87-03-014), 1 John Street, Brighton BN88 1NH, or email to ICCPAServicinginbox@aexp.com. Please be aware that the internet and some email services may not always be secure.