



Programme Administrator Update Form - BELUX

This form is used to enrol, delete or modify details or rights of a Programme Administrator (PA) for your cards account(s). This form can only be completed and signed by either a Signatory Rights PA or an Authorized Signer of the Company. Please complete the form electronically. When completed please print, have all relevant parties sign the form by hand and return it by email to **belgiumcommercialservicing.nl@aexp.com**. Please note that the internet can be insecure and we recommend you use a secure encryption method when sending personal data and/or documentation to us via email. **ALL fields must be completed in order for this form to be processed.**

For any queries, please contact the Corporate Servicing Team at above email or on telephone +32 (0)2 676 29 26

Add a new Programme Administrator
 Delete a Programme Administrator
 Modify PA details and/or rights

1. Cards account 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:	<input style="width: 40%;" type="text"/>
City:	<input style="width: 60%;" type="text"/>
Country:	<input style="width: 100%;" type="text"/>
MCA (Master Control Account):	<input style="width: 100%; text-align: center; font-family: monospace;" type="text" value="0 1 7"/>
Is this PA authorised to manage the entire MCA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
American Express BCA (Basic Control Account):	<p>BCA's</p> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>

2. PA Details (complete in case of enrolling a new PA or changing details of an existing PA)

The following person is authorised to administer the above mentioned Cards Account(s) on behalf of the Company. This includes offline servicing (via telephone) and access to Online Service (@ Work and BTA Connect). **The nominated PA must provide a copy of his/her ID with the PA Enrolment form. Please note:**

- For PA's residing in Belgium we need a copy or photo of both sides of the identity card issued by a valid Belgian public authority.
- For PA's residing in another country we need a copy or photo of both sides of a valid identity card issued by a European Union country or international passport.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
Official First Name(s): (as on ID document)	<input style="width: 100%;" type="text"/>
Last Name:	<input style="width: 100%;" type="text"/>
Date of Birth (DDMMYY):	<input style="width: 30%;" type="text"/>
Place of Birth (City):	<input style="width: 100%;" type="text"/>
Nationality:	<input style="width: 100%;" type="text"/>
Residential Address:	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode:	<input style="width: 40%;" type="text"/>
City:	<input style="width: 60%;" type="text"/>
Country:	<input style="width: 100%;" type="text"/>
Business Title:	<input style="width: 100%;" type="text"/>
Company Registered Name (if different to Company Registered Name provided in section 1):	<input style="width: 100%;" type="text"/>



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2. PA Details (Continued)

Correspondence Address:
(if different to Company Registered Address provided in section 1)

Postcode: City:

Country:

Work Telephone Number
(inc. country and area codes):

Individual Work Email Address
(at least parts of your name and company name need to appear in the email address):

PA's Primary Country:

PIN (must be 4 digit numeric):

Memorable Date (day and month):

Clue to Memorable Date:

If the PA manages Cards 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.

The nominated PA should complete the below five fields. This information is used to identify the PA for servicing purposes, and will be applied across all Cards Account(s) that the PA is authorised to manage.

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

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

3. PA Rights - online and offline services (complete in case of enrolling a new PA or changing the rights of an existing PA)

If the PA is an existing @ Work/Online Service user, please provide their user ID (if known):

New PA's will automatically be enrolled into all standard Online Service tools to help manage the Programme(s).

For the PA nominated in section 2, please select one of the following options, PA, PA with Card Management Rights or PA with Signatory Rights.

- A Programme Administrator:** Authorised to manage all aspects of the Cards Account(s) specified (online and offline).*
- OR**
- B Programme Administrator with Card Management Rights:** Authorised to manage all aspects of the Cards Account(s) specified, including approving Card applications.
- OR**
- C Programme Administrator with Signatory Rights:** Authorised to manage all aspects of the Cards Account(s) specified, including approving Card applications and management of the Programme Administrators (approve, remove or modify Programme Administrators).**

*Programme Administrators (rights) can only be approved, removed or modified by Signatory Rights Programme Administrators or Authorized Signer.
** A Signatory Rights Programme Administrators may only be appointed by Authorized Signers.

If you selected B or C the PA is set up to manage online Card applications. Since Card applications are individual for each BCA, you can enter selected BCA numbers here, for which access to the PA card application tool should be granted. Or you can transfer an existing profile with the same access rights.

Access the PA online card application tool for the following BCA number(s):

Copy existing access profile. As an alternative to the BCA specification, an existing access profile of an active PA can be copied. To do this, enter the email address of the person who already has access to the online card application tool and whose access profile is to be transferred.

Email address of the person who already has access:



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4. Delete a PA (section 1 must have been completed)

Full Name:

Email Address:

User ID:

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 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 European Economic Area (EEA) or whose correspondence address is outside the 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.

Please supply with this form:

- A copy ID for the PA
- A copy ID of the Authorised Signer if not yet in our possession
- A Proof of Address of the Authorised Signer if not yet in our possession
- A Proof of Signatory Rights within the company if not yet in our possession

Please note:

- For residents in Belgium we need a copy or photo of both sides of the identity card issued by a valid Belgian public authority.
- For residents in another country we need a copy or photo of both sides of a valid identity card issued by a European Union country or international passport.
- A proof of address can be a recent print of the address on your identity card, a recent document from the local council or a copy of a recent gas, water or electricity bill (no more than 3 months old).

- I am signing this form on behalf of the business in my capacity as a "Signatory Rights Programme Administrator" who has been authorised by the Authorised Signer of the Company.
- I am signing this form on behalf of the business in my capacity as an Authorised Signer.
- Please tick this box if you are an Authorized Signer who is independently authorized to sign for the Company.

Title: Mr Mrs

Official First Name:

Last Name:

D D M M Y Y

**Authorised signature
(from Authorized signer or Signatory Rights PA)**

X

Title: Mr Mrs

Official First Name:

Last Name:

D D M M Y Y

**Authorised signature
(Additional Authorized Signer if applicable)**

X