



AMERICAN EXPRESS® CORPORATE PAYMENTS

Programme Administrator Removal Form - Norway

This form may be used to remove existing Programme Administrators ("PAs") from your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA on behalf of the Company.

Please note that by completing this form, the individual(s) listed below will be deleted from our records, for all Norway accounts only. If you wish to amend the access a Programme Administrator has to a Programme, please complete a Programme Administrator Modification Form.

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.

1. Company Details

Company Registered Name:

Company Registered Address:

Postcode & City:

Country:

Organisation Number:

2. PA Details

Please provide details of Programme Administrators you wish to remove from your Programme. If you wish to remove more than four Programme Administrators, please complete an additional Programme Administrator Removal Form. To remove a PA from a specific Basic Control Account (BCA), please use the Programme Administrator Modification Form.

First Name(s):

Last Name:

Work Email Address:

Online Service User ID (if known):

Programme Administrator's Primary Country:

American Express Master Control Account Number:

First Name(s):

Last Name:

Work Email Address:

Online Service User ID (if known):

Programme Administrator's Primary Country:

American Express Master Control Account Number:

First Name(s):

Last Name:

Work Email Address:



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2. PA Details (contd.)

Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>
First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>

3. 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. More information can also be found in our Online Privacy Statement on our website <https://www.americanexpress.com/no/legal/personvern/personvernpolicy/index.html>

- 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):	<input type="text"/>
Last Name:	<input type="text"/>
Personal ID Number (DDMMYY-NNNNN):	<input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>
Work Email Address:	<input type="text"/>
Job Title:	<input type="text"/>

I do not have a Norwegian ID- or D-number or I am not registered in the Norwegian Population Register.

D D M M Y Y

Authorised signature

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 electronic signatures. If you sign by electronic signature, please email the completed form to kundserviceno@aexp.com from the personal business email address of the person who shall sign the form and write "I approve" in the email. In case of two approvers, please send the completed form with two different emails, write "I approve" in the emails and send the emails from the personal business email addresses of the persons who shall sign the form.

In case of handwritten signature, please return the signed form by email to kundserviceno@aexp.com or by post to American Express Europe S.A. (Norway branch), Postboks 95 Sentrum, 0101 Oslo, Norway

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