

## **AMERICAN EXPRESS® CORPORATE PAYMENTS**

# Programme Administrator Removal Form - Sweden

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 Sweden 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	
First Name(s):	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.
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):	
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:	
3. Business Authorisation and Declarat	ion

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 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. More information can also be found in our Online Privacy Statement on our website https://www.americanexpress.com/se/legal/sekretess/sekretesspolicy/index.html

	Tam signing this form on behall 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):	
Last Name:	
Personal ID Number (YYMMDD-NNNN):	
	I do not have a Swedish ID number or I am not registered in the Swedish population register.
Date of Birth (DDMMYY):	
Work Email Address:	
Job Title:	
	Authorised signature

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 email signature. I f you sign by email, please send the completed form to <u>CorporateCardSweden@aexp.com</u> from the personal business email address of the Signatory Rights PA or Authorised Signatory and write "Take this as my signature to the attached form" in the email. If more than one Authorised Signatory is required to sign, please forward the signed email with the form attached to the next Signatory to sign before sending the completed form to American Express.

In case of handwritten signature, please return the signed form by em<u>ail to CorporateCardSweden@aexp.com</u> or by post to American Express Europe (Sweden branch), 106 82 Stockholm, Sweden.

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

\*\*Certified copy of ID:

Another person must certify that the copy matches the original. This person must write "certified" and sign their name (with name clarification) and add their contact details. The individual must be of legal age. The following Government issued identity documents are acceptable.

Valid Passport

- Valid Swedish Identity Card (only applicable when applicant lives in Sweden)
- Valid Swedish Driving License (only applicable when applicant lives in Sweden)
- Valid EEA National Identity Card containing Date of Birth and Nationality

#### GCS SE PA Removal Form May 2024

American Express Europe (Sweden branch) S.A., filial, registered with Bolagsverket (the Swedish Companies Registration Office), branch register number 516411-3911. Address: Tegeluddsvägen 21, 115 41 Stockholm. A branch under the supervision of Finansinspektionen (the Swedish Financial Services Authority), and registered in the Swedish Financial Services Authority's company registry (number 82862). A branch of American Express Europe S.A., which has its registered office at Avenida Partenón 12-14, 28042, Madrid, Spain and is a company registered in Spain with the Registro Mercantil Central (Central Commerical Registry) under number A-82628041 and authorised by the Banco de España (the Central Bank of Spain) for the provision of payment services (number 6837).