

Programme Administrator Enrolment Form - Netherlands

This form is used to enrol, modify or delete a Programme Administrator (PA) for your Account(s) and or add a new Authorised Signatory. Please complete the form electronically. When completed please print, have all parties sign the form by hand and return it by email to corporateadmin-btaamsterdam@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 PA Servicing team at above email or on telephone +31 (0)20-504 8999

Please tick the relevant box(es) and complete the applicable sections

- Add a new Programme Administrator** **Delete a Programme Administrator**
 (please complete section 1, 2, 3, 5) (please complete section 1, 4, 5)
- Modify a Programme Administrator**
 (please complete section 1, 2, 3, 5)

1. Account Details

Company Registered Name:

Company Registered Address:

Postcode:

City:

Country:

MCA:

Is this PA authorised to manage the entire MCA? Yes No

American Express BCA/BTA number: (15 digits or 7 for vPayment) If the answer above is "No": you want to limit the PA's access to certain products or accounts (rather than giving the rights to the complete MCA); please specify the BCA's here:

BCA's	Product
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. PA Details

The following person is authorised to administer the above mentioned Account(s) on behalf of the Company. This includes offline servicing and access to Online Service.

Title: Mr Mrs

Official First Name(s): (as on ID document)

Last Name:

Home Address:

Postal Code:

City:

Country:

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

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

Postal Code:

City:

Country:

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2. PA Details (Continued)

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

Individual Work Email Address
(only used for servicing purposes):

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 Service.

PA's Primary Country:

The nominated PA should complete the below fields. This information is used to confirm your identity for security purposes and to protect against fraud, when you contact us with servicing questions, and will be applied across all Accounts that the PA is authorised to manage.

Date of Birth (DDMMYYYY):

Nationality:

Mother's Maiden Name:

Verification PIN (4 digits):

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

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:

Servicing Programme Administrator:

Authorised to manage servicing aspects of the Account(s) specified.

OR

Programme Administrator:

Authorised to manage all aspects of the Account(s) specified, including approving Card applications.

OR

Signatory Rights Programme Administrator:

Authorised to manage all aspects of the Account(s) specified including approving Card applications and adding new Programme Administrators.

For the Signatory Rights PA we require a Proof of Residential Address (PoA) to perform the address verification.

4. Delete a Contact Person (Please note section 1, 4 and 5 must be completed)

Full Name:

Email Address:

User ID:

Please tick the box if you would like to delete another Contact Person

Full Name:

Email Address:

User ID:

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5. Business Authorisation and Declaration

I am signing this form on behalf of the business in my capacity as a Programme Administrator

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

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. (Netherlands branch) ("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 center 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.

Please supply with this form:

- A copy ID for the Programme Administrator;
- A Proof of Residential Address (PoA) for the Signatory Rights PA (see section 3).

Please note:

- The ID needs to be a valid passport or European ID (issued in a EU/EEA country or Switzerland) and valid for at least 1 month;
- Both a copy of the front and back side are required - for the passport, please copy both sides of the hard plastic ID-page;
- The Proof of Address cannot be older than 3 months and we cannot accept a PO box or business address.
- Please note, you have to mask the Citizen Service Number (BSN for NL). Make a safe copy of your ID, for example using the KopieID app from the Dutch government.

Authorised Signatory 1/Signatory Rights PA:

Please tick the box if this person is independently authorised.

Mr Mrs

Title: _____

Official First Name(s):
(as on ID document) _____

Last Name: _____

Home Address: _____

Postal Code: _____

City: _____

Country: _____

Date of Birth (DDMMYYYY): _____

Nationality: _____

Authorised signature

X

D D M M Y Y Y Y

Date: _____

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5. Business Authorisation and Declaration (Continued)

Authorised Signatory 2:	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
Official First Name(s): (as on ID document)	<input type="text"/>
Last Name:	<input type="text"/>
Home Address:	<input type="text"/>
Postal Code:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Date of Birth (DDMMYYYY):	<input type="text"/> Nationality: <input type="text"/>
Date:	<input type="text"/> Authorised signature