



GLOBAL
CORPORATE PAYMENTS

American Express® Change of Company Details Form New Zealand

All fields must be completed in black pen and block letters.

Please forward completed form to: American Express PO Box 4005, Shortland Street, Auckland 1140 or fax to: +61 2 9263 6025.

CORPORATION DETAILS

Existing Company Name

Company Registration Number.

New Company Name:
(If applicable)

☐ Are replacement cards required with the new Company name.

(Please provide certificate of name change; new Company name will appear on new Cards.)

Company Corporate IDs this will affect:
(List all applicable IDs or highest level ID to apply to all)

Division Name:
(Control Account Name)

Existing Cost Centre Name:

New Cost Centre Name:

New Company Address:

Suburb City Postcode

New Telephone Number

New Fax Number

Postal Address:

Suburb City Postcode

CHANGE OF SIGNATORY DETAILS – ADD NEW SIGNATORY

Title Position Title

Full Name

Mailing Address

Suburb City Postcode

Residential Address*

Suburb City Postcode

Date of Birth

Telephone Number

Fax Number

Mobile Number

Email Address (Mandatory)

We need an email address to send the Company changes to the Terms and Conditions, servicing and marketing communications from American Express.

Sample Signature of New Signatory

X

Signatory Name to Delete

CARD PROGRAM CONTACT DETAILS

Title Position Title

Full Name

Mailing Address

Suburb City Postcode

CARD PROGRAM CONTACT DETAILS (CONT)

Residential Address*

Suburb

City

Postcode

Date of Birth

Telephone Number

Fax Number

Mobile Number

Email Address (Mandatory)

We need an email address to send the Company changes to the Terms and Conditions, servicing and marketing communications from American Express.

☐ Report Recipient (This will replace current recipient)

☐ Additional Contact ☐ Card Distribution Recipient (For delivery of cards)

Name to be Deleted

☐ Report Recipient ☐ Additional Contact ☐ Card Distribution Recipient

New Card Delivery Address

Suburb

City

Postcode

DECISION MAKER CONTACT DETAILS

Title Position Title

Full Name

Mailing Address

Suburb

City

Postcode

Email Address (Mandatory)

We need an email address to send the Company changes to the Terms and Conditions, servicing and marketing communications from American Express.

Residential Address*

Suburb

City

Postcode

Date of Birth

Telephone Number

Fax Number

Mobile Number

Delete Decision Maker Name

MANDATORY

The individual signing below on behalf of the above-named Company warrants that he/she is authorised to do so. If existing signatory has left the Company, please provide information on Company letterhead.

Authorised Signature

X

Date

Full Name (please print)

Position held in Company

*In order to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, American Express International (NZ) Inc is required to gather identification information on those individuals that are authorised to act on behalf of the customer. We will not be able to process the form without these details.