



AMERICAN EXPRESS® Company KYC Information Collection Form



1. Company Details

Company Name (in full)	<input type="text"/>		
Trading Name (if different from above)	<input type="text"/>		
Registered Address	<input type="text"/>		Postcode <input type="text"/>
Trading address	<input type="text"/>		
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>
Industry or Nature of Business	<input type="text"/>	Source of Fund	<input type="checkbox"/> Thailand <input type="checkbox"/> Other country
Company Registration No.	<input type="text"/>	Company Registered Date	<input type="text"/>
Entity Type	<input type="checkbox"/> Thailand Company/Company <input type="checkbox"/> Listed company <input type="checkbox"/> Non-Profit Organisation <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Foundation <input type="checkbox"/> Association (incorporated) <input type="checkbox"/> Association (Unincorporated) <input type="checkbox"/> Clubs <input type="checkbox"/> Temple <input type="checkbox"/> Public Sector/Government Body <input type="checkbox"/> Juristic Person <input type="checkbox"/> Registered Foreign Company <input type="checkbox"/> Unregistered Foreign Company <input type="checkbox"/> Trust (Family) <input type="checkbox"/> Trust (Unit) <input type="checkbox"/> Trust (Discretionary) <input type="checkbox"/> Charity		

If subsidiary or division/branch company, state name and address of parent company

2. Authorised Signatory Details

Authorised Signatory is the individual who has authority to act on behalf of the above-named Company on this form. This individual can discuss how the company will be setup and is authorised to sign a contract with American Express.

Name	<input type="text"/>		
Nationality (non-Thai)	<input type="text"/>	Date of Birth	<input type="text"/>
ID card (Thai)/Passport (non-Thai)	<input type="text"/>		
Position	<input type="text"/>		
National ID card Address or House Registration Address (Thai)	<input type="text"/>		Postcode <input type="text"/>
Telephone No.	<input type="text"/>		
Current Address (if different from above)	<input type="text"/>		Postcode <input type="text"/>
Telephone No.	<input type="text"/>		
Current Address in Thailand or Overseas (non-Thai)	<input type="text"/>		Postcode <input type="text"/>
Email Address	<input type="text"/>		Postcode <input type="text"/>
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Agency Name	<input type="text"/>	Specimen Signature	<input type="text"/>
Position	<input type="text"/>		
Time of Cessation	<input type="text"/>	(Month and Year)	

Name	<input type="text"/>	
Nationality (non-Thai)	<input type="text"/>	Date of Birth <input type="text"/>
I.D. (Thai)/Passport (non-Thai)	<input type="text"/>	
Position	<input type="text"/>	
National ID Address or House Registration Address (Thai)	<input type="text"/>	
Telephone No.	<input type="text"/>	Postcode <input type="text"/>
Current Address (if different to above)	<input type="text"/>	
	<input type="text"/>	
Telephone No.	<input type="text"/>	Postcode <input type="text"/>
Current Address in Thailand or Overseas (non-Thai)	<input type="text"/>	
	<input type="text"/>	
Email Address	<input type="text"/>	Postcode <input type="text"/>
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Agency Name <input type="text"/>	Specimen Signature
	Position <input type="text"/>	<input type="text"/>
	Time of Cessation <input type="text"/> (Month and Year)	



Entity Ownership Structure

Please provide information about the ownership structure of the applicant entity. Please tick as appropriate.

i. Natural person(s) owns/controls 25% or more of the applicant entity's shares or voting right

No (Please continue to ii) Yes (Please complete Ultimate Beneficial Owner Details 1 to 4)

ii Natural person(s) who controls the entity through other means e.g. through Power of Attorney (POA) or agreement
Please enclose supporting document as documentary proof of control by natural person through legal means.

No (Please continue to iii) Yes (Please complete Ultimate Beneficial Owner Details 1 to 4)

iii Natural person(s) who holds senior managing positions of the entity e.g. CEO, Authorised Signer

Please tick to confirm and skip to Declaration Section

1. Ultimate Beneficial Owner 1 Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address	<input type="text"/>	
City	<input type="text"/>	Postcode: <input type="text"/>
Country	<input type="text"/>	
Telephone Number	<input type="text"/>	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	
National ID card / Passport Number	<input type="text"/>	<i>Please provide copy of identification document (ID card/passport with photo)</i>
% Ownership of the Entity	<input type="text"/>	
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Agency Name <input type="text"/>	Position <input type="text"/>
	Time of Cessation <input type="text"/>	(Month and Year)

2. Ultimate Beneficial Owner 2 Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>
First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
Residential Address	<input type="text"/>	
City	<input type="text"/>	Postcode: <input type="text"/>
Country	<input type="text"/>	
Telephone Number	<input type="text"/>	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	
National ID card / Passport Number	<input type="text"/>	<i>Please provide copy of identification document (ID card/passport with photo)</i>
% Ownership of the Entity	<input type="text"/>	
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
	Agency Name <input type="text"/>	Position <input type="text"/>
	Time of Cessation <input type="text"/>	(Month and Year)

3. Ultimate Beneficial Owner 3 Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
First Name:	<input type="text"/>				
Last Name:	<input type="text"/>				
Residential Address	<input type="text"/>				
City	<input type="text"/>	Postcode:	<input type="text"/>		
Country	<input type="text"/>				
Telephone Number	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>				
National ID card/ Passport Number	<input type="text"/> <i>Please provide copy of identification document (ID card/passport with photo)</i>				
% Ownership of the Entity	<input type="text"/>				
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Agency Name	<input type="text"/>	Position	<input type="text"/>	
	Time of Cessation	<input type="text"/>	(Month and Year)		

4. Ultimate Beneficial Owner 4 Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
First Name:	<input type="text"/>				
Last Name:	<input type="text"/>				
Residential Address	<input type="text"/>				
City	<input type="text"/>	Postcode:	<input type="text"/>		
Country	<input type="text"/>				
Telephone Number	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>				
National ID card/ Passport Number	<input type="text"/> <i>Please provide copy of identification document (ID card/passport with photo)</i>				
% Ownership of the Entity	<input type="text"/>				
Have You Ever Been Employed by the Government?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Agency Name	<input type="text"/>	Position	<input type="text"/>	
	Time of Cessation	<input type="text"/>	(Month and Year)		

Supporting Documents

Please provide the following documents:

- Current shareholders list
- Information about the ownership structure of applicant entity
- Copy of Identity card and House Registration if address given on the form is according to House Registration. Current address proof e.g. current lease agreement/utility/telephone bill (not older than 3 months) if ID card/House Registration address is different for Thai National of Authorised Signatory
- Copy of Passport and document to proof Current address in Thailand e.g. current lease agreement/utility/telephone bill (not older than 3 months) or in Overseas e.g. driving license/utility/telephone bill (not older than 3 months)/ government document for Foreign National of Authorised Signatory
- Copy of Identity card for Thai National/passport for Foreign National of Ultimate Beneficial Owner
- Business Registration Certificate issued within 6 months
- Please blind or cross out the information about religion and/or blood type data, before surrendering/providing a copy of the Thai ID card to us and affix your signature at the place where the information is blinded or crossed out.

Declaration

We warrant that the above updated information is correct and the documents submitted is/are valid as of this date.

Signed for and on behalf of the above-named company (authorised signatory of company)

Name

Position

Signature Authorised Signatory

Date:

Name

Position

Signature Authorised Signatory

Date:

Company Seal (if any)

americanexpress.com/th

American Express (Thai) Company Limited
®Registered Trademark of American Express Company.
S.P. Building, 388 Phaholyothin Road, Bangkok 10400, Thailand

AME855_Company Information Collection Form_08/2024

