



# 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  


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  


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.