

# American Express @ Work™ Enrolment Form

Please complete this form to enrol in American Express @ Work for access to @ Work products and services or to add new permissions for existing users. When completed please e-mail this form to: CorporateCardSweden@aexp.com or post to: American Express Services Europe Limited, 106 82 Stockholm. **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.**

**Please note that one form is required per legal entity.**

## 1. Company Information

Company Registered Name:	<input type="text"/>		
Company Registered Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	City:	<input type="text"/>
Country:	<input type="text"/>		
Organisation Number:	<input type="text"/>	-	<input type="text"/>
American Express Company Account Number:	<input type="text"/>		

## 2. Enrollee's Information

Personal information requested on this Enrolment Form is collected and used only for the purposes of; enrolling in @Work, authenticating identification upon initial registration, adding permissions for existing Users and enrolment as a Programme Administrator (PA).

### Existing @ Work enrollee

If already an @ Work enrollee, please provide the following:

User ID:

Work Email address:

The below information may be used to confirm the enrollee's identity for servicing purposes

Verification Code:

### New @ Work enrollee

First Name:

Last Name:

Job Title:

Date of Birth (YYMMDD):

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

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

Postcode:

City:

Country:

Work Email Address:

Work Telephone Number  
(incl. Country Code)

# American Express @ Work™ Enrolment Form

## 2. Enrolee's Information (Continued)

If the @ Work Enrolee or his/her employer is located outside the European Economic Area (EEA), the Company will need to complete a [Global Data Transfer Form](#), unless previously completed by the Company.

If **not** yet an @ Work enrolee, please provide the following authentication information. Please note that **the @ Work enrolee must remember the Memorable Date entered below** as it will be required as a one time authentication to complete the online registration to @ Work. An email with enrolment instructions will be sent to the @ Work enrolee shortly.

Memorable Date:  (Date memorable to the @ Work enrolee)

Clue to Memorable Date:

(To help you remember if the date is forgotten)

PIN:

The below information may be used to confirm the enrolee's identity for servicing purposes.

Verification Code:

## 3. Permissions

Please select the desired @ Work access to be given to the @ Work enrolee identified in section 2.

- Assign all available permissions listed below. Please complete section 4 and 6
- Online Programme Management\* (Corporate Card only). Please complete section 4 and 6
- Reporting Please complete section 4 and 5
- BTA Connect / Online Statements (BTA only). Please complete section 4 and 5

**\* The person getting access to Online Programme Management will be registered as Programme Administrator (PA) and will be authorised to act on behalf of the Company in administering all aspects of the American Express Account(s) listed below, including signing new Card Applications.**

This new PA is not authorised to sign new Card applications.

**If you are already registered as a Program Administrator, you only need to complete and sign section 4. You do not need to complete section 5 or section 6.**

If the @Work enrolee needs access to any additional accounts, please specify the American Express Company Account or Business Travel number(s) below:

Company Account number (MCA, BCA or BTA)	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If the @ Work enrolee requires access to Online Services across a number of countries, please indicate the preferred primary country:

## American Express @ Work™ Enrolment Form

### 4. Data Processing Declaration

I represent and acknowledge that the information I have given in this form is true and correct. I confirm that I have been informed of the purposes of the processing carried out by American Express. Where the information provided constitutes personal information, I understand and acknowledge that such information will be processed in compliance with applicable data protection legislation. I understand that such personal information shall only be obtained for the purposes of administering the Company's participation in the programme(s) and to communicate with me for the purpose of servicing. I understand that for further information on how American Express collects and processes data, I may refer to the American Express Corporate Payments Terms and Conditions of the programme(s).

@ Work Enrolee:

X

First Name:

Last Name:

Date:

### 5. Company Approval programme administrator

For reporting only or BTA Connect/Online Statements access, this form must be signed by the Programme Administrator on behalf of the Company.

Official First Name:

Last Name:

Date of Birth (YYMMDD):

JobTitle:

Signature

X

Y Y M M D D

# American Express @ Work™ Enrolment Form

## 6. Company Approval authorised signer

For access to the Online Programme Management features this form must be signed by an Authorised Signatory of the Company.

Official First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Personal ID/Date of Birth (YYYYMMDD-NNNN)	<input type="text"/>
JobTitle:	<input type="text"/>

**Authorised Signature**

X

Y Y M M D D

Official First Name:	<input type="text"/>
Last name:	<input type="text"/>
Personal ID/Date of Birth (YYYYMMDD-NNNN)	<input type="text"/>
JobTitle:	<input type="text"/>

**Authorised Signature**

X

Y Y M M D D