



AMERICAN EXPRESS® CORPORATE PROGRAMME

Programme Administrator Enrolment Form - Sweden

This form may be used to nominate a Programme Administrator ("PA") for your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA, on behalf of the Company.

NOTE:

- One form is required per legal entity
- One form is required per PA enrolment
- All fields of the relevant sections **MUST BE** completed in order for this form to be processed (unless otherwise stated)

Please complete this form ON A COMPUTER. When completed please print, sign/get signed and return it by email to CorporateCardSweden@aexp.com or by mail to: American Express Europe (Sweden branch), 106 82 Stockholm, Sweden. 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.

1. Company and Account Details

Company Registered Name:

Company Registered Address:

Postcode & City:

Country:

Organisation Number:

American Express Master Control Account Number or Basic Control Account Number¹:

Please provide details of the Company Account(s) the PA is authorised to manage.

In case the PA is authorised to manage multiple Company Accounts, but not the complete Master Control Account please provide each relevant Basic Control Account Number:

¹If you need to provide more Company Accounts, please attach a separate Company letterhead paper, which should be dated and signed.

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2. PA Details

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

First Name(s):

Last Name:

Personal ID Number (YYMMDD-NNNN):

The PA does not have a Swedish ID number, or is not registered in the Swedish population register.

Date of Birth (DDMMYY):

Please provide Date of Birth above and a copy of a valid Passport/ID together with this form.

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

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

Postcode & City:

Country:

If the PA or their employer is located outside the European Economic Area (EEA), or the correspondence address is outside the EEA then you will need to complete a [Global Data Transfer Form](#), unless previously completed by your Company.

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

Work Email Address:

If the PA manages Company Accounts across a number of countries, please nominate your preferred primary country.

PA's Primary Country:

The PA will be required to provide the following information for identification and access purposes.

Verification PIN (must be 4 digits): Please do not choose sequential or repetitive numbers (such as 1234 or 5555), your birthday or your Memorable Date.

Memorable Date (DDMM): Please do not use your own birthday or replicate your PIN.

Clue to Memorable Date:

Password: Password can consist of both letters and digits.

3. PA Permissions

The PA will be enrolled as **Servicing PA** and be authorised to administer all servicing activities of the American Express Programme(s) provided in section 1.

Please tick box if you instead wish to enrol the PA as a **Signatory Rights PA**, i.e. in addition to administering all servicing activities, the PA can approve Cardmember applications and nominate additional PAs.

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4. Online Service

If the PA is an existing Online Service user, please provide their user ID (if known):

The **PA** will be automatically enrolled into all standard Online Services to help manage the Programme(s).

Please tick the box if you wish to limit the PA's Online Services and complete the "Customised Online Access" section which will display below.

Customised Online Access

Please select from the options below for the Programme(s) the PA nominated in section 2 is authorised to manage.

- Card: Online Programme Management (Corporate Card only)
- Reporting (Standard/Customised)
- Business Travel Account: BTACONNECT/Online Statements

5. Business Authorisation and Declaration

The information you have given in this form is true and correct. On behalf of the company 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. ("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 centre, you authorise American Express and/or American Express's Affiliates to send or make available to that PA/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 warrant that the information herein is correct and that you will notify American Express of any changes. Signed on behalf of the company named in section 1 of this form.

- I am signing this form on behalf of the Company in my capacity as a Signatory Rights PA
- I am signing this form on behalf of the Company in my capacity as an Authorised Signatory as per trade register

First Name(s):

Last Name:

Personal ID Number (YYMMDD-NNNN):

I do not have a Swedish ID number or I am not registered in the Swedish population register.

Date of Birth (DDMMYY): Please provide a copy of valid Passport/ID document if not provided previously.

Job Title:

Authorised Signature

D D M M Y Y

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5. Business Authorisation and Declaration (contd.)

The following section should only be completed if your Company requires a second Authorised Signatory's approval as per trade register.

First Name(s):

Last Name:

Personal ID Number (YYMMDD-NNNN):

I do not have a Swedish ID number or I am not registered in the Swedish population register.

Date of Birth (DDMMYY): *Please provide a copy of valid Passport/ID document if not provided previously.*

Job Title:

D D M M Y Y

Authorised Signature

X