



AMERICAN EXPRESS® CORPORATE PAYMENTS

Programme Administrator Removal Form - Finland

This form may be used to remove existing Programme Administrators ("PAs") from your Corporate Programme. The form must be signed by Authorised Signatories or a Signatory Rights PA on behalf of the Company.

Please note that by completing this form, the individual(s) listed below will be deleted from our records, for all Finland accounts only. If you wish to amend the access a Programme Administrator has to a Programme, please complete a Programme Administrator Modification Form.

Please save this PDF Form and open it with Adobe Acrobat to make it function correctly. Complete this form on a computer. When completed, return it by email or mail provided at the bottom of this form. 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 Details

Company Registered Name:	<input type="text"/>
Company Registered Address:	<input type="text"/>
	<input type="text"/>
Postcode & City:	<input type="text"/>
Country:	<input type="text"/>
Organisation Number:	<input type="text"/>

2. PA Details

Please provide details of Programme Administrators you wish to remove from your Programme. If you wish to remove more than four Programme Administrators, please complete an additional Programme Administrator Removal Form. To remove a PA from a specific Basic Control Account (BCA), please use the Programme Administrator Modification Form.

First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>

First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>

First Name(s):	<input type="text"/>
	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
	<input type="text"/>

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2. PA Details (contd.)

Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>
First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Work Email Address:	<input type="text"/>
Online Service User ID (if known):	<input type="text"/>
Programme Administrator's Primary Country:	<input type="text"/>
American Express Master Control Account Number:	<input type="text"/>

3. Business Authorisation and Declaration

The information you have given in this form is true and correct. On behalf of the business, you confirm that: (i) you have informed the persons named in this form of the purposes of the processing carried out by American Express Services Europe Limited ("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 administering 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. More information can also be found in our Online Privacy Statement on our website <https://www.americanexpress.com/fi/legal/yksityisyys/tietosuojakaytanto/index.html>

	<input type="checkbox"/> I am signing this form on behalf of the company in my capacity as a Signatory Rights PA
	<input type="checkbox"/> I am signing this form on behalf of the company in my capacity as an Authorised Signatory as per trade register
First Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Personal ID number (DDMMYYXNNNNN):	<input type="text"/>
	<input type="checkbox"/> I do not have a Finnish ID number or I do not have a permanent address in Finland.
Date of Birth (DDMMYY):	<input type="text"/>
Work Email Address:	<input type="text"/>
Job Title:	<input type="text"/>
	Authorised signature
	<input type="text"/>
	D D M M Y Y
	<input type="text"/>

If additional Company Authorised Signatory is required to sign this form, please click the button add more signatories.



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We accept both handwritten and email signature. If you sign by email, please send the completed form to FinlandPAServicing@aexp.com from the personal business email address of the Signatory Rights PA or Authorised Signatory and write "Take this as my signature to the attached form" in the email. If more than one Authorised Signatory is required to sign, please forward the signed email with the form attached to the next Signatory to sign before sending the completed form to American Express.

In case of handwritten signature, please return the signed form by email to FinlandPAServicing@aexp.com or post to American Express Europe S.A. (Suomen sivuliike), 00070 American Express, Finland

Please make sure that the Business Authorisation and Declaration section is completed before sending the document.