

## American Express data request form

In connection with the transfer of a contract for the acceptance and processing of American Express card transactions, American Express Payment Services Limited will ask you to provide the following information:

Trading full name with entity:	
TAX ID:	
Business Registration number:	
1st Unique Beneficial Owner (UBO) Full name:	
1st Unique Beneficial Owner (UBO) Date of Birth:	
1st Unique Beneficial Owner (UBO) Residential Address:	

<b>If the trading has more than one actual Unique Beneficial Owner (UBO), please fill out the following information with additional actual Unique Beneficial Owner(s) (UBO).</b>	
2nd Unique Beneficial Owner (UBO) Full name:	
2nd Unique Beneficial Owner (UBO) Date of Birth:	
2nd Unique Beneficial Owner (UBO) Residential Address:	
3rd Unique Beneficial Owner (UBO) Full name:	
3rd Unique Beneficial Owner (UBO) Date of Birth:	
3rd Unique Beneficial Owner (UBO) Residential Address:	
4th Unique Beneficial Owner (UBO) Full name:	
4th Unique Beneficial Owner (UBO) Date of Birth:	
4th Unique Beneficial Owner (UBO) Residential Address:	
1st Director Full name:	
1st Director Date of Birth:	
1st Director Residential Address:	

<b>If the trading has more than one actual Director, please fill out the following information with additional actual Director(s).</b>	
2nd Director Full name:	
2nd Director Date of Birth:	
2nd Director Residential Address:	
3rd Director Full name:	
3rd Director Date of Birth:	
3rd Director Residential Address:	
4th Director Full name:	
4th Director Date of Birth:	
4th Director Residential Address:	
1st Authorised Signer Full name:	
1st Authorised Signer Date of Birth:	
1st Authorised Signer Residential Address:	

<b>If the trading has more than one actual Authorised Signer, please fill out the following information with additional actual Authorised Signer(s).</b>	
2nd Authorised Signer Full name:	
2nd Authorised Signer Date of Birth:	
2nd Authorised Signer Residential Address:	
3rd Authorised Signer Full name:	
3rd Authorised Signer Date of Birth:	
3rd Authorised Signer Residential Address:	
4th Authorised Signer Full name:	
4th Authorised Signer Date of Birth:	
4th Authorised Signer Residential Address:	

**Please be sure to attach the copy of the Specimen Signature form of the Authorized Signer(s).**

Date \_\_\_\_\_

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Trading/Company authorized signature