

Programme Administrator Removal Form - Denmark

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 Denmark accounts only. If you wish to

Please note that by completing this form, the individual(s) listed below will be deleted from our records, for all Denmark 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: Company Registered Address: Postcode & City: Country: Organisation Number: 2. PA Details	
First Name(s):	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).	
Last Name:	
Work Email Address:	
Online Service User ID (if known): Programme Administrator's Primary Country: American Express Master Control Account Number:	
First Name(s):	
Last Name:	
Work Email Address:	
Online Service User ID (if known): Programme Administrator's	
Primary Country: American Express Master Control	
American Express Master Control Account Number:	
First Name(s):	
Last Name:	
Work Email Address:	



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2. PA Details (contd.)

Online Service User ID (if known): Programme Administrator's Primary Country: American Express Master Control Account Number:	
First Name(s):	
Last Name: Work Email Address:	
Online Service User ID (if known): Programme Administrator's Primary Country: American Express Master Control Account Number:	
3. Business Authorisation and Declara	tion

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 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. More information can also be found in our Online Privacy Statement on our website https://www.americanexpress.com/en-dk/company/legal/privacy-centre/online-privacy-statement/

	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 (DDMMYY-NNNN):	
	I do not have a Danish ID number or I am not registered in the Danish Person Register (CPR).
Date of Birth (DDMMYY):	
Work email address:	
Job Title:	
	Authorised signature

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. I f you sign by email, please send the completed form to <u>kundeservicedk@aexp.com</u> f<u>rom the personal business</u>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 <u>kundeservicedk@aexp.com</u> or by post to American Express Europe Denmark, Postboks 355, 0900 København C, Denmark.

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

4. Documentation

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Programme Administrator Removal Form - Denmark

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[Add ID Copy] Add the box if the button "add more signatories" is clicked.



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[Add ID Copy] Add the box if the button "add more signatories" is clicked.



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[Add Proof of residential address]
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Programme Administrator Removal Form - Denmark

[Add Supporting documents]

*Copy of ID

- Valid Passport
- Valid EEA National ID Card containing Date of Birth and Nationality
- Valid Danish identity card with photo of applicant
- Valid Nordic driver's license of EU/EEA standard

**Proof of address

- Electricity, gas or water statement
- Bank or building society statement
- Landline telephone statement
- Rent slip
- Cable, satellite, TV or internet bill
- Social insurance document
- Annual mortgage statement
- Government issued correspondence i.e., tax bill, income tax bill

GCS DK PA Removal Form January 2025

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