American Express® Corporate Card Individual Cardmember Application

Individual Liability *(For employees of IBM and it's subsidiaries)*

Please mail completed application to:

American Express Banking Corp.
Cyber City, Tower C, DLF Bldg. No. 8, Sector - 25
DLF City Phase - II, Gurgaon - 122002, Haryana

Completion of all fields is mandatory

Name as desired on the card (Maximum 20 Characters including word space)

(Please underline your family name)

Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other:_____ *(please specify)*

Gender ☐ Male ☐ Female

Name of Applicant:_____
First

_____
Middle Last

Nationality:_____ Date of Birth: ☐☐ ☐☐ ☐☐
DD MM YY

PAN/GIR No.:_____

Passport No.:_____ Date of Expiry: ☐☐ ☐☐ ☐☐
DD MM YY

Driving Licence No.:_____

Residential Address:_____

_____

City:_____ PIN:_____

Tel.:_____ Mobile:_____

Office E-mail Address:_____

Residential Details:

☐ Rented ☐ Owned ☐ Company Provided ☐ Others

Tenure at Current Address:_____ Years

Are you a current / past American Express Cardmember?

☐ Yes ☐ No

If Yes, please give Card number(s)

3 7 _____ _____ _____

3 7 _____ _____ _____

Work Related Information

Company Name:_____

Corporate ID: ☐☐☐☐☐☐

Work Address:_____

_____

City:_____ PIN:_____

Tel:_____ Extn:_____ Fax:_____

Official E-mail Address:_____

_____

Your Designation:_____

Years with Company:_____ Employee ID.:_____

Financial Information

Gross annual taxable Income (Rupees):_____
(Please attach latest copy of TDS Form 16 / last income tax return acknowledged by ITO or latest salary certificate from employer with breakup of income)

Details of your personal bank account:

Name of Bank:_____

A/C No.:_____

Address:_____

City:_____ PIN:_____

Additional Information

Address to which we should mail your Billing Statements:

☐ Residence ☐ Work

If you wish your Corporate Card to be sent to a designated Central recipient in your company, please provide us the relevant details

Central Recipient's Name:_____

Address:_____

City:_____ PIN:_____

Please sign me up for the Express Cash Facility*:

☐ Yes ☐ No

**This request is valid and will be processed only if your company is enroled for this facility.*

Declaration by the Individual.

I herby apply to American Express Banking Corp. ("AEBC") for an American Express Corporate Card ('Corporate Card") and agree to comply with the terms of the agreement which shall be sent along with my Corporate Card. I consent that the information give above in support of my application is true and correct .

I acknowledge that AEBC will verify the information with my employer and any other sources. I further agree to provide any further information that AEBC may require to evaluate and approve my application. I also authorise AEBC to confirm and exchange credit information about the company/applicant's account from any source including but not limited to Banks and Credit Bureaus. I acknowledge and agree that both AEBC and the company shall have access to all records arising out of usage of my Corporate Card Account and I will be liable for all charges incurred on the Corporate Card as provided in such conditions of the Corporate Card Account Membership.

I declare and undertake that in the event of any failure to comply with the prevailing Exchange Control Regulations issued by RBI, by me, I will be liable for any action under the Foreign Exchange Management Act, 1999 as amended from time to time, and be debarred from Corporate Card facility either at AEBC's instance or by the RBI.

Applicant's Signature

DD MM YY

Applicant's Name:_____

Declaration by the Company:

On behalf of the company named in this application ("the Company"), I here by request issuance of a Corporate Card to the individual named above and certify that the named individual is an employee of the company. I declare and undertake that a photocopy of one photo identification (Valid PAN Card/Passport* /Driving Licence*/Electoral Card*) and one proof of address (Latest Bank Statement/ Utility Bill/ Ration Card) of the applicant are available with the company and can be provided to AEBC for verification purposes as and when required. I confirm that the information given in this application form is true and correct and that the company hereby agrees to be bound by the American Express Corporate Cardmember Agreement which will be sent along with the Corporate Card.

**Also valid for address proof*

Signature of Authorised Signatory and Company Seal

DD MM YY

Name of Authorised Corporate Signatory

_____

Designation:_____ Tel:_____

E-mail:_____

For Office use only

☐☐☐☐☐☐ Corporate ID HIR CAP APV DEC CX

Cost Centre_____ Source Code_____

American Express Banking Corp.
Incorporated with limited liability in the U.S.A.
® Registered trademark of American Express Company
REAL BUSINESS. REAL SOLUTIONS℠