

CARDMEMBER INFORMATION UPDATE FORM



Dear Cardmember,

Thank you for taking the time to complete the Cardmember Information Updated Form. We request you to carefully read the instructions, fill in the below details (in English) and sign on the Declaration Statement to indicate your acceptance.

1. IMPORTANT INSTRUCTIONS

The information you provide in this form will be used to verify and update the details listed on your American Express® Card Account issued by AMEX (Middle East) B.S.C. (c). This information may be used for further verification and authentication before it is updated against your previous available details with us. If updated after validation, this information will become effective within one month from the date of receipt.

2. ABOUT YOURSELF

Reference Number [this number/code will be provided to you via email/letter upfront. Alternatively, you may call the Customer Service number (mentioned on the back of your Card) to obtain the same].

List of products (Select your Card (s))

- | | | |
|---|---|---|
| <input type="checkbox"/> The Centurion® Card | <input type="checkbox"/> The Platinum Card® | <input type="checkbox"/> The American Express® Platinum Credit Card |
| <input type="checkbox"/> The American Express® Gold Card | <input type="checkbox"/> The American Express® Gold Credit Card | <input type="checkbox"/> The American Express® Card |
| <input type="checkbox"/> The Dubai Duty Free American Express® Card | <input type="checkbox"/> Blue from American Express | <input type="checkbox"/> The American Express® Corporate Card |

(Tick Here) I certify that the following information stated in this form will apply to all of the Cards selected above.

Title Mr Mrs Miss Ms Other

Full Name

Date of Birth Nationality

Passport No.*

ID No.* (e.g. CPR, Civil ID, Emirates ID, etc. or Residence Permit Number (Iqama))

*Please attach copy of your passport and ID. If you are a GCC national, please provide your respective GCC national ID. For other nationalities, please provide national ID of the country you are residing in or residence permit (Iqama) in case you do not hold a national ID.

3. CONTACT DETAILS (CURRENT)

Residential Address*

City Country

*Please attach an electricity bill or other utility bill/Govt. issued ID containing residential address/page of tenancy agreement showing residential address (only required for Personal Cardmembers)

Tick here if Billing Address is the same as Residential Address, otherwise provide the billing address below

Billing Address

City Country

Home Tel. No. (with area code)

Mobile Tel. No. (with area code)

Other Tel. No. (with area code)

Email (1)

Email (2)

I am holding an American Express Corporate Card and wish to have separate Billing Address/Contact Details for it (please fill-in the below):

Billing Address

City Country

Mobile Tel. No. (with area code)

Other Tel. No. (with area code)

Email

4. EMPLOYMENT DETAILS

Current Employment Status

Employed Self-Employed Please specify nature of business Retired Unemployed

Company Name

Company Address

Job Title

Office Tel. No. (with area code)

Source of Funds* (select all that apply) Salary Income Business/Profession Income Other Income (please specify)

*only required for Personal Cardmembers.

5. SUPPLEMENTARY CARDMEMBER DETAILS (ONLY IF APPLICABLE)

1. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No. (e.g. CPR, Civil ID, Emirates ID, etc. or Residence Permit Number (Iqama)) or Passport No.*	<input type="text"/>				
Mobile/Tel. No. (with area code)	<input type="text"/>				
Email	<input type="text"/>				
2. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No. (e.g. CPR, Civil ID, Emirates ID, etc. or Residence Permit Number (Iqama)) or Passport No.*	<input type="text"/>				
Mobile/Tel. No. (with area code)	<input type="text"/>				
Email	<input type="text"/>				
3. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID No. (e.g. CPR, Civil ID, Emirates ID, etc. or Residence Permit Number (Iqama)) or Passport No.*	<input type="text"/>				
Mobile/Tel. No. (with area code)	<input type="text"/>				
Email	<input type="text"/>				
4. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID No. (e.g. CPR, Civil ID, Emirates ID, etc. or Residence Permit Number (Iqama)) or Passport No.*	<input type="text"/>				
Mobile/Tel. No. (with area code)	<input type="text"/>				
Email	<input type="text"/>				
5. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Full Name	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email	<input type="text"/>				

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6. DECLARATION STATEMENT

I hereby declare that the information provided by me in this form is true and correct and I am aware that it will be used to verify and update the applicable details listed on all the American Express® Card number(s) issued under my name by AMEX (Middle East) B.S.C. (c) ("AEME") which I have indicated above. I further declare that I shall promptly advise AEME if there are any changes to this information. I am aware that the above information is critical to maintain my Cardmembership with AEME. I authorise any correspondences originating from AEME, including the Statement of Account and other mailed items, couriered parcels, emails, and outbound phone calls, to be carried out using the details I have specified above. I am fully aware of the sensitivity of the above information and I acknowledge that should there be any discrepancies between the details I have specified above and any details provided in conjunction with a transaction (i.e. following an online transaction, mail order, and/or any other transaction in which Cardmembership contact details must be verified), the transaction may be declined as erroneous unless I rectify them with the details I have specified above. I am aware that the above information is critical to maintain my Card Account and/or contractual obligation with AMEX (Middle East) B.S.C (c) and failure to timely update the information may result in suspension and/or termination of my Card Account.

BASIC CARDMEMBER SIGNATURE	DATE
	