

APPLICATION TO BECOME AN AMERICAN EXPRESS® MERCHANT

SECTION 1 – TRADING DETAILS	
Merchant Business Name:	
Type of Service:	Contact Person:
Business Address:	Contact Name:
Address Line 1:	Job Title:
Address Line 2:	Mobile Number:
Town/City:	Email:
Postal Code:	Is this person the authorised signatory?
Country:	□Yes □No
Telephone Number:	If you are an existing AMEX Merchant, please provide your AMEX Merchant ID Number(s) (MID):
Business Email:	15 rumber (3) (WID).
Business Website:	
Dusiness website.	
SECTION 2 – SUBMISSION INFORMATION	
Terminal Provider:	Trading Online ☐ Yes ☐ No
Acquirer Merchant ID:	If Yes, please complete section below;
Number of Terminals:	Online Channels: ☐Website ☐App ☐MOTO ☐Kiosk
	□ IVR □ Payment Link
Terminal ID Number (TID):	
	Business Website:
	Gateway Provider:
	Gateway MID:
Number of outlets:	SafeKey: Yes No
CECTION 2 CETTI EMENT DANK DETAIL C	
SECTION 3 – SETTLEMENT BANK DETAILS	
Bank Name:	IBAN:
Account Name:	Branch Address:
Account Number:	SWIFT Code:
SECTION 4 – BUSINESS DETAILS	
Local legislation requires us to gather the following information about you and your company and its beneficial ownership. We will not be able to	Authorised Business Contact (Signatory):
process your application without it.	**Individuals who are responsible for the day-to-day management of the merchant account**
Legal Name: (as shown on Commercial Registration)	Full Name:
(as shown on Commercial Registration) Trade License CR Number:	Job Title:
Tax Identification Number (TIN):	Address:
Merchant VAT TRN:	Date of Birth:
	Date of Bil til.
Business Legal Structure: Sole Proprietorship	Nationality:
Partnership	Email:
	Telephone Number:
Limited Liability Company (LLC)	☐ We will use your email address to notify you of important information about your merchant account. Please check the box if you do not want to
☐ Government Body	receive messages about new products, services and resources available to your business.

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Other, please specify:

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SECTION 5 – BENEFICIAL OWNERS	
For all entities, excluding government entities, please pr	rovide the full details below of all Beneficial Owner(s) / Partner(s).
Beneficial Owner 1	Beneficial Owner 3
Full Name:	Full Name:
Country:	Country:
Nationality:	Nationality:
Beneficial Owner 2	Beneficial Owner 4
Full Name:	Full Name:
Country:	Country:
Nationality:	Nationality:
For LLC Companies please provide the Man	aging Director details
Full Name:	
Country:	
Nationality:	
the applicant business is set up as an American Expre I confirm the information given in this application is tr agencies, to obtain information it requires to establis information required to establish my identity and/or to assist in evaluating the applicant business's credit applicant business's bank or building society or any r I confirm that: (a) I have informed the persons named	Net Disc. Rate (International): % % Net Disc. Rate (International): % Net Disc. Rate (Inter
Accepted and Agreed by:	
Name:	Has a version of Terms and Conditions been provided? Light Yes Light No
Designation:	Click here to download a copy of the Terms and Conditions: americanexpress.ae/merchantservices
Signature:	Date: DD/MM/YYYY
PLEASE PROVIDE THE FOLLOWING DOCUMENTS A	LONG WITH A SIGNED VERSION OF THIS APPLICATION:

☐ COPY OF COMMERCIAL REGISTRATION OR TRADE License.
☐ COPY OF VAT REGISTRATION CERTIFICATE.
☐ PASSPORT COPY AND/OR LEGAL ID OF AUTHORISED SIGNATORY.
☐ COPY OF BOARD RESOLUTION / ARTICLES OF ASSOCIATION. FOR LLC COMPANIES PLEASE PROVIDE MEMORANDUM OF ASSOCIATION (MOA).
IF THE AUTHORISED SIGNATORY NAME IS NOT MENTIONED ON ANY OTHER DOCUMENT (I.E. TRADE LICENSE OR MOA),

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PLEASE PROVIDE THE POWER OF ATTORNEY (POA). ☐ COPY OF BANK STATEMENT WITH IBAN NUMBER.

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FOR AMERICAN EXPRESS INTERNAL USE ONLY

Merchant Number:	
(SE# for official use only) Central Merchant Number:	
Add to Chain Number:	
Signing Sales Rep Name:	
Salesman ID:	
Circultura	
Signature:	
Date:	
Signed by (Manager):	
Signature:	
Date:	



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