

APPLICATION TO BECOME AN AMERICAN EXPRESS® MERCHANT

SECTION 1 – TRADING DETAILS

Merchant Business Name:

Type of Service:

Business Address:

Address Line 1:

Address Line 2:

Town/City:

Postal Code:

Country:

Telephone Number:

Business Email:

Business Website:

Contact Person: ** Individual responsible for the daily management of the merchant account**

Full Name:

Job Title:

Mobile Number:

Email:

Is this person the authorised signatory?
 Yes No

If you are an existing AMEX Merchant, please provide your AMEX Merchant ID Number(s) (MID):

SECTION 2 – 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 process your application without it.

Legal Name:
(as shown on Commercial Registration)

Trade License CR Number:

Tax Identification Number (TIN):
(where applicable)

Merchant VAT TRN:

VAT Exemption Reason:

Business Legal Structure:

Sole Proprietorship Partnership

Limited Liability Company (LLC) Government Body

Other, please specify:

Registration Date:

Country of Incorporation:

Regulatory Body (regulated companies) Or Listing Body (listed companies),
 if applicable:

External Auditors, if applicable:

Authorised Business Contact (Signatory):
 Person authorized to do business on behalf of the company or open a merchant account

Full Name:

Job Title:

Address:

Date of Birth:

Nationality:

Email:

Telephone Number:

We will use your email address to notify you of important information about your merchant account.

SECTION 3 – SUBMISSION INFORMATION

Terminal Provider:

Acquirer Merchant ID:

Number of Terminals:

Terminal ID Number (TID):

Number of outlets:

Trading Online Yes No

If Yes, please complete section below:

Online Channels: Website App MOTO Kiosk

IVR Payment Link

Business Website:

Gateway Provider:

Gateway MID:

SafeKey: Yes No

SECTION 4 – SETTLEMENT BANK DETAILS

Bank Name:

Account Name:

Account Number:

IBAN:

Branch Address:

SWIFT Code:



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SECTION 5 – BENEFICIAL OWNERS

For all entities, excluding government entities, please provide the full details below of all Beneficial Owner(s)/Partner(s) as per their National ID/Passport.

** Individuals holding 25% or more of the issued capital/shares/profit **

- Option A)** If there are natural persons who exercise control or ultimately have a controlling ownership interest in the company. Please provide the details in the Beneficial Owner section below.
- Option B)** There are no natural persons who exercise control or ultimately have a controlling ownership interest in the Company. Therefore, we are providing the details of natural person(s) holding the position of Senior Management in the company.
- Option C)** The Company is a majorly owned subsidiary of (Name of the listed Company) listed on (Name of the Stock Exchange).

* If option A/B is selected, please provide the details required in the Beneficial Owner/Senior Management section, if option C is selected, provide the details requested within the same line (Name of the listed Company and Name of the Stock Exchange).

Beneficial Owner/Senior Management

Full Name:

National ID/Passport Number:

Job Title: Date of Birth:

Nationality: Country:

Beneficial Owner/Senior Management

Full Name:

National ID/Passport Number:

Job Title: Date of Birth:

Nationality: Country:

Beneficial Owner/Senior Management

Full Name:

National ID/Passport Number:

Job Title: Date of Birth:

Nationality: Country:

Beneficial Owner/Senior Management

Full Name:

National ID/Passport Number:

Job Title: Date of Birth:

Nationality: Country:

Ownership Information: Only details for 25% or more ownership are required to be completed

(A) Commercial Registration/Trade License	(B) CR/TL Number	(C) % Shareholding	(D) CR/TL Registration Country
<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"/>

*Please provide copy of CR/TL (for legal entities)

TERMS OF BUSINESS

To be completed by American Express Representative or Sales Manager.

Net Discount Rate: %

Net Disc. Rate (Domestic): %

Net Disc. Rate (International): %



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SIGN HERE

- By signing this application, on behalf of the applicant business and in my capacity as Authorised Signatory
- I accept the AMEX (Middle East) B.S.C. (c) - Emirates ("AEME") Card Acceptance Terms and Conditions provided with this application and request that the applicant business is set up as an American Express Merchant.
 - I confirm the information given in this application is true and correct and I hereby authorise AEME to: (a) contact any source, including credit reference agencies, to obtain information it requires to establish the applicant business as an American Express Merchant including, but not limited to, information required to establish my identity and/or the identity of the other persons named in this application; (b) use various statistical methods to assist in evaluating the applicant business's credit worthiness in assessing this application and set up the relevant account; and (c) contact the applicant business's bank or building society or any referee to obtain any information required to assess this application.
 - I confirm that: (a) I have informed the persons named in this application of the purposes of the processing carried out by AEME; (b) I have the authority of the other persons named in this application to disclose their details to AEME; and (c) I have informed them that further identification and verification checks may be carried out against them as required.
 - I/We further declare that I/We shall promptly advise AEME if there are any changes to this information. I am/We are aware that the above information is critical to maintain our Account and/or contractual obligation with AEME and failure to timely update the information may result in suspension and/or termination of our Account.
- I give my consent to be contacted in relation to benefits, rewards, offers and promotions carried out by AEME or any of its authorized agents, representatives or third parties.
- I understand and acknowledge the Data Privacy Notice.

If the above terms are acceptable kindly sign below in acknowledgement of the same.

Yours sincerely,


 Saud Swar
 Chief Business Officer
 AMEX (Middle East) B.S.C. (c) - Emirates

Accepted and Agreed by:

Name:

Designation:

Signature:

Has a version of Terms and Conditions been provided? Yes No

Click here to download a copy of the Terms and Conditions: americanexpress.ae/merchantservices

Date: / /

PLEASE PROVIDE THE FOLLOWING DOCUMENTS ALONG 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. IF THE AUTHORIZED SIGNATORY NAME IS NOT MENTIONED ON ANY DOCUMENT, COPY OF THE BOARD RESOLUTION OR ARTICLES OF ASSOCIATION OR POWER OF ATTORNEY (POA).
- FOR LLC COMPANIES, COPY OF THE MEMORANDUM OF ASSOCIATION (MOA).
- PROPRIETOR/ALL PARTNERS/SHAREHOLDERS COPY ID/PASSPORT (ONLY FOR THOSE WHO HAVE 25% BUSINESS OWNERSHIP OR MORE)
- ULTIMATE BENEFICIARY OWNER(S)* COPY ID/PASSPORT (*NATURAL PERSONS HAVING ULTIMATE CONTROLLING OWNERSHIP INTEREST/EXERCISE CONTROL IN THE COMPANY). IF THERE ARE NO NATURAL PERSONS WHO EXERCISE CONTROL OR ULTIMATELY HAVE A CONTROLLING OWNERSHIP INTEREST IN THE COMPANY, PLEASE PROVIDE THE DETAILS OF THE NATURAL PERSON(S) HOLDING THE POSITION OF SENIOR MANAGEMENT IN THE COMPANY.

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:

Signature:

Date: / /

Signed by (Manager):

Signature:

Date: / /

AMEX (Middle East) B.S.C. (c) - Emirates
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