The American Express® Gold Business Card

How would you like your name to appear on your new Card?	SECTION 4 – ME
	Please tick here
You can use a maximum of 20 characters, including spaces (Please spell your last name in full)	programs plus a your first state
How would you like the name of the business to appear on your new Card? You can use a	SECTION 5 – PLI
maximum of 20 characters, including spaces. It must be the registered business name OR the	The person signing be
trading name OR a reasonable variation on either.	Declaration overleaf.
	Signature of Basic E
Title Mr Mrs Miss Ms Dr First Name	
Middle Name	
	N
Surname	Name
Date of Birth (You must be over 18 years to apply)	Company Director
	Other
NZ Driver's Licence No.	SECTION 6 PI
(Field 5a on your Licence) (Field 5b)	SECTION 6 – BU
Note: Your NZ Driver's Licence No. will be verified with the NZTA for confirmation of identity.	Industry/Nature of b
Gross Personal Income \$	
(You must earn over \$50,000 p.a. to apply for this Card.)	Travel and Entertainn
Have you ever been an American Express Card Member?	Other
Present Former Never	Business Entity Name
If present or former, please provide your American Express Card number.	
3 7	
SECTION 2 – APPLICANT HOME DETAILS	Company/Partnershi
Current residential address (Please do not provide a PO Box No.)	Time in Business
Unit No. House No.	Trading Name
Street Name	
	Jurisdiction of Incorp
Suburb	Jurisdiction of Incorp Registered Business A Street Name
Suburb	Registered Business A Street Name
Suburb	Registered Business A
Suburb	Registered Business A Street Name Suburb
City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.)	Registered Business A Street Name Suburb
Suburb City Postcode How long have you lived at your current address? Y Y Years M M Months	Registered Business A Street Name Suburb City Postcode
City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.)	Registered Business A Street Name Suburb City Postcode
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No.	Registered Business A Street Name Suburb City Postcode Principal Place of Business A
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No.	Registered Business A Street Name Suburb City Postcode Principal Place of Bus
City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name	Registered Business A Street Name Suburb City Postcode Principal Place of Business A Street Name
City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City City Postcode
Suburb City Postcode How long have you lived at your current address? Y Y Years M M Months If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name City Postcode	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name City Postcode SECTION 3 — CONTACT DETAILS	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover
Suburb City Postcode How long have you lived at your current address? Y Y Years M M Months If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name City Postcode	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) House No. Street Name City Postcode SECTION 3 — CONTACT DETAILS	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re I authorise my account
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and Conditions and servicing messages. It will not be used for marketing purposes unless you	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re I authorise my account
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re I authorise my account
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and Conditions and servicing messages. It will not be used for marketing purposes unless you	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re I authorise my accou
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and Conditions and servicing messages. It will not be used for marketing purposes unless you	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City Postcode Latest Tax Year Latest Total Turnover Estimated Monthly B Existing Merchant Re I authorise my accou
Suburb City Postcode How long have you lived at your current address? If less than 5 years, what was your previous address? (Please do not provide a PO Box No.) Unit No. House No. Street Name Suburb City Postcode SECTION 3 — CONTACT DETAILS Business Telephone No. Mobile Telephone No. Your email address is required so we may send you notification of changes to Terms and Conditions and servicing messages. It will not be used for marketing purposes unless you	Registered Business A Street Name Suburb City Postcode Principal Place of Bus Street Name Suburb City City Postcode

statement online and not receive your statement by mail

SECTION 4 – MEMBERSHIP R	EWARDS				
Please tick here if you wish to enrol in Membership Rewards and redeem points for airline reward programs plus a wide range of merchandise and Gift Cards. (Fees apply and will appear on your first statement. See Declaration overleaf for details.).					
SECTION 5 - PLEASE SIGN -	BASIC BUSINESS CA	RD APPLICANT			
The person signing below agrees to b Declaration overleaf.	e bound in their own right	to the terms of the			
Signature of Basic Business Card Ap	plicant	Date			
×		DDMMYY			
Name					
Company Director Partner	Owner				
Other					
SECTION 6 – BUSINESS DET	AILS				
Industry/Nature of business Professional Services General	Sorvices 14	curing Construction			
		,			
	ail Automotive	Restaurant L			
Other Business Entity Name					
Company/Partnership No.					
Time in Business Y Years Trading Name	M Months No. of E	imployees			
Jurisdiction of Incorporation (where	applicable)				
Registered Business Address Street Name					
Suburb					
City					
Postcode Principal Place of Business Street Name	As above				
Suburb					
City Postcode					
Latest Tax Year	YYYY				
Latest Total Turnover	\$,				
Estimated Monthly Business Spend	\$				
Existing Merchant Relationship Ye	s No				
I authorise my accountant to provide	e details to American Expre	ess			
Name of Accountant					
Accountant's Telephone No.	() –				
Type of Business (PLEASE TICK ONE):				
Sole Trader (Complete Section 9 Author	rised Officer of the Business any Details.			
Company	Complete Section 7 Compa				
Partnership (Complete Section 8 Partne	rship Details.			

Page 1 of 4 continued over page

The American Express® Gold Business Card

SECTION 7 – COMPANY DETAILS					
COMPLETE THIS SECTION ONLY IF THE BUSINESS IS A COMPANY					
Company Directors	•				
Full Name – Director 1					
Residential Address					
Residential Address					
Date of Birth D D M M Y Y					
Full Name – Director 2					
Residential Address					
Date of Birth D D M M Y Y					
Full Name – Director 3					
Residential Address					
Date of Birth DDMMYY					
Full Name – Director 4					
Residential Address					
incisidential radices					
Date of Birth D D M M Y Y					
Beneficial Owners					
(Individuals who directly or indirectly own 25% or mor	re of the company)				
Are the shares held by Beneficial Owner 1 in Nominee	/Bearer form? Yes No				
Full Name – Beneficial Owner 1					
Residential Address – Beneficial Owner 1					
Date of Birth	Percentage of ownership				
D D M M Y Y	%				
Are the shares held by Beneficial Owner 2 in Nominee.					
Full Name – Beneficial Owner 2	7 500101 1001111 100				
Residential Address – Beneficial Owner 2					
Date of Birth DDMMYY	Percentage of ownership				
	% (D				
Are the shares held by Beneficial Owner 3 in Nominee,	/Bearer form? Yes No				
Full Name – Beneficial Owner 3					
Residential Address – Beneficial Owner 3					
Date of Birth	Percentage of ownership				
DDMMYY	%				
Are the shares held by Beneficial Owner 4 in Nominee	/Bearer form? Yes No				
Full Name – Beneficial Owner 4					
Pacidential Address - Panaficial Courses 4					
Residential Address – Beneficial Owner 4					
Date of Birth	Percentage of ownership				
DDMMYY	%				

SECTION 7 – COMPANY DETAILS ((Cont)
	e only individuals who are not already listed above)
Full Name	
Position (eg. CEO)	
Residential Address	
Date of Birth	
D D M M Y Y	
Full Name	
D ::: / CEO/	
Position (eg. CEO)	
Residential Address	
Date of Birth	
PLEASE PROCEED TO SECTION 9 – AUTHO	ODISED OFFICED OF THE BUSINESS
	OKISED OFFICER OF THE BUSINESS
SECTION 8 – PARTNERS	ICINIFICATION AND PROPERTY.
COMPLETE THIS SECTION ONLY IF THE BU Full Name of the Partnership	JSINESS IS A PARTNERSHIP.
Country where the Partnership was established	ed
Full Name of Partner 1	
Address of Partner 1	
Date of Birth	Percentage of ownership
D D M M Y Y	%
Type of Partner General	Limited
Full Name of Partner 2	
Address of Partner 2	
Date of Birth	Percentage of ownership
D D M M Y Y	%
Type of Partner General	Limited
Full Name of Partner 3	
Address of Partner 3	
Date of Birth	Percentage of ownership
D D M M Y Y	%
Type of Partner General	Limited
Full Name of Partner 4	
Address of Partner 4	
Date of Divide	Davantag: -f
Date of Birth D D M M Y Y	Percentage of ownership
Type of Partner General	Limited %
If there are more than 4 Partners please attac	

Page 2 of 4 continued over page

The American Express® Gold Business Card

SECTION 8 - PARTNERS (Cont)	
Beneficial Owners (Individuals who directly or indirectly own 25% or more	re of the company)
Are the shares held by Beneficial Owner 1 in Nominee.	/Bearer form? Yes No
Full Name – Beneficial Owner 1	
Residential Address – Beneficial Owner 1	
Date of Birth	Percentage of ownership
D D M M Y Y	%
Are the shares held by Beneficial Owner 2 in Nominee	/Bearer form? Yes No
Full Name – Beneficial Owner 2	
Tan Fame Deficient 6 Wiles 2	
Residential Address – Beneficial Owner 2	
Residential Address Beneficial Owner 2	
Date of Birth	Percentage of ownership
D D M M Y Y	Percentage of ownership
	%
Are the shares held by Beneficial Owner 3 in Nominee	/Bearer form? Yes No
Full Name – Beneficial Owner 3	
Residential Address – Beneficial Owner 3	
Residential Address Beneficial 6 Wilei 5	
Data of Birth	Devente as of surroushin
Date of Birth	Percentage of ownership
DDMMYY	%
Are the shares held by Beneficial Owner 4 in Nominee	/Bearer form? Yes No
Full Name – Beneficial Owner 4	
Residential Address – Beneficial Owner 4	
Date of Birth	Percentage of ownership
DDMMYY	
	%
SENIOR MANAGEMENT POSITIONS	
(Include only individuals who are not already listed a	bove)
Full Name	
Position (eg. CEO)	
Residential Address	
Date of Birth	
DDMMYY	
Full Name	
Position (eg. CEO)	
Residential Address	
Date of Birth	
D D M M Y Y	
PLEASE PROCEED TO SECTION 9 – AUTHORISED C	NEELCED OF THE BUSINESS
PLEASE PROCEED TO SECTION 9 - AUTHORISED C	ALLICEK OL I LE BOSINESS

SECTION 9 – PLEASE SIGN – AUTHORISED OFFICER OF THE BUSINESS
By signing below, the authorised officer binds the Business to the terms of the Declaration overleaf in his/her capacity as (PLEASE TICK ONE): Owner, if a Sole Trader Director, if a Company Partner, if a Partnership Other (Please specify role):
Signature of Authorised Officer of the Sole Trader, Company or Partnership.
Signature Date
X DDMMYY
Name
Please return the application form via Fax to 0800 372 458 OR Post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 4005, Shortland Street, Auckland 1140.
Please ensure that the application is only sent once. Once your application has been submitted, you will hear back from us within 21 working days.
Office use only
S/C: Mr: BØØmrtm

ATI: NZC35 PCT: 821VTG SPID: 47S BASIC AML

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_	Please specify
	your preferred
	ctatement avelo

Statement cycle	0	1	2	3	4	5	6	7	8	9
Time within the month	1 st - 3 rd	4 th - 6 th	7 th - 9 th	10 th - 12 th	13 th - 15 th	16 th - 19 th	19 th - 21 st	22 nd - 24 th	25 th - 27 th	28 th - 30 th

DECLARATION

Important: The Business and the Basic Business Card Applicant must read the information and sign overleaf.

By signing on the previous pages, the Business and the Basic Business Card Applicant (together "you") request American Express to issue the Business Card specified in the application to the Basic Business Card Applicant. In addition, you declare that:

- The information given on the application is true and complete and you authorise
 American Express to check that information and authorise your accountants to provide
 and verify any further details requested concerning the information. You acknowledge that
 American Express relies on this information to consider the application;
- You are financially solvent and able to pay your respective debts as they fall due;
- If the application is approved, you will comply with the Card Conditions and Financial Table
 that American Express will send to the Basic Business Card Applicant with their Card (receipt
 of which will be taken to constitute receipt also by the Business), and the Business and the
 Basic Business Card Applicant will be jointly and severally be liable to pay all fees, charges
 and other amounts referred to in the Financial Table;
- If the Business is a partnership, the Authorised Signatory who signed this application form is
 duly authorised to complete this application and has done so with the knowledge and consent
 of the Business partners/trust beneficiaries;
- You understand and agree that the Business and Basic Business Card Application will be
 jointly and severally liable for all charges incurred on the Card. This includes charges incurred
 at any time until the Card is cut in half and returned to American Express and no longer used;
- American Express may product this application or a copy or other reproduction of it as evidence of your application for the Card and your agreement to this Declaration.

AUTHORITY UNDER THE NEW ZEALAND PRIVACY ACT 1993 (PRIVACY ACT)

In this section "personal information" means information about The Business, the Basic Card Application and any Supplementary Card Applicant(s), including financial circumstances, credit worthiness, credit history, credit standing, credit capacity, use of the Card and conduct of the Account and "organisation" means the organisation, if any, whose name, logo or trademark appears on this application or on the Card issued.

To confirm your identity and the identity of any Supplementary Card Applicants, and to assess your application, and, if it is approved, to establish and manage your Card Account American Express International (NZ), Inc. needs to:

- Collect personal information about The Business, the Basic Card Applicant and any Supplementary Card Applicants in this application form and from other sources, and
- Obtain agreement from The Business, the Basic Card Applicant and any Supplementary card Applicant(s) in relation to using this personal information.

If the Business, the Basic Card Applicant or any Supplementary Card Applicant(s) do not provide the information requested or give their agreement, American Express may decline the application.

You agree that, subject to the Privacy Act, American Express and its agents may do the following (and provided the application is approved, this agreement continues until such time as the Account is closed and any credit provided is repaid):

- Obtain credit reports about you from credit reporting agencies to confirm your identities and to assess the application or to collect overdue payments from you, and from a business that provides commercial credit worthiness information.
- Verify with the NZTA, driver's licence information provided by you.
- Disclose personal information to credit reporting agencies and the organisation before, during
 or after providing credit to you. This includes, but is not limited to:
 - the fact that you have applied for a Card and that American Express is a credit provider to you;
 - the amount of credit extended;
 - the Card Member's capacity in relation to the account (ie whether they are a Basic or Supplementary Card Member);
 - up to 24 months of your repayment history;
 - the status of your account as either "open" or "closed" (including the date the account was opened or closed);
 - advice about Card payments which are in collection (and advice that payments are no longer overdue):
 - advice that cheque(s) drawn by you, or direct debit requests to your bank account which you
 have authorised American Express to make have been dishonoured;
 - American Express' opinion that you do not intend to meet your credit obligations;
- that credit provided to you has been paid or otherwise discharged;
- sharing your Card application and whether it was successful; and
- any other information permitted under the Credit Reporting Privacy Code.
- Seek from and exchange personal information with the organisation and credit providers named in this application or in a credit report issued by a credit reporting agency.

This is for purposes including but not limited to:

- assessing your credit worthiness, this application and any subsequent application by you for credit:
- notifying other credit providers of a default by you;
- exchanging information about your Card Account where you are in default;
- American Express' approval process as to any transactions you wish to make with the Card; and
- American Express' administration of the Account.
- Exchange personal information with any person whose name you give American Express

from time to time. This includes, for example, for the purpose of confirming employment and income details with any employer, landlord/mortgagee, accountant, financial adviser or tax agent named in this application.

- If you are in default under your Card Account, notify and exchange personal information with American Express' collection agent.
- Exchange personal information with the organisation named on the application form for marketing, planning, product development and informational purposes including for the administration of a rewards programme, if any.
- Use personal information for marketing purposes, This includes putting your name and
 contact details on marketing lists for the purposes of customer research and offering you
 goods or services of an American Express company or of any third party acting on behalf of
 American Express, by mail, email or telephone or having related companies do so directly,
 unless notified otherwise in Section 3. After approval of this application, you understand that
 you can call 0800 332 268 to remove your name from such marketing lists. You acknowledge
 that your request may take six to eight weeks to be processed.
- Transfer personal information confidentially to American Express related companies and
 other organisations which issue or service American Express Cards or provide services to
 you, subject to appropriate conditions of confidentiality. This includes transferring personal
 information to the USA or other countries for data processing and servicing.
- Monitor and record your telephone conversations with American Express from time to time for training, quality control or verification purposes.

You also agree that where you have provided American Express with information about another individual in this application form, you will make sure that the individual has seen understood and agreed to:

- Your supplying their information to American Express and the purposes for which American Express has collected the information;
- American Express and their agents verifying with the NZTA, their driver's licence information provided by you;
- Their ability to access that information in accordance with the Privacy Act (and to advise American Express if they think the information is inaccurate, incomplete or out of date); and
- The contact details of American Express' Privacy Officer.

Contacting the American Express' Privacy Officer

In accordance with the Privacy Act, you can access personal information about you held by American Express and advise if you think it is inaccurate, incomplete or out of date. To arrange access to personal information held by American Express about you, or enquire generally about privacy matters, write to — the Privacy Officer, American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140.

ONLINE STATEMENTS AND ACCOUNT INFORMATION

Unless you have elected otherwise under Section 3, by providing your email address you understand that you have agreed to receive electronic online statements and account information from American Express. These communications will include notification of online statements and may also include product updates and other important information related to your account. By agreeing to receive statements online you understand you will not receive paper statements by mail. You must check your nominated email address regularly as you will be notified at your nominated email address when your online statement is available to view. You can elect to change this nomination or your email address at any time by notifying us on 0800 332 268.

Business Purpose Declaration:

You declare that the credit to be provided to you by American Express is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

AMERICAN EXPRESS MEMBERSHIP REWARDS® PROGRAMME

Enrolment and participation in Membership Rewards is subject to the Membership Rewards Terms and Conditions. An annual \$50 Membership Rewards fee applies. Only purchases are eligible for Membership Rewards points — balance transfers and cash advances are ineligible. Membership Rewards points do not expire while your Account is in good standing.

A fee may be applicable for participation in partner airline programmes.

ANNUAL CARD FEES

A \$95 Annual Card Fee applies to the basic Gold Business Card and where applicable, a \$70 Annual Card Fee applies to each Supplementary Card.

PLEASE RETURN YOUR SIGNED FORM EITHER BY:

- post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 2285, Shortland Street, Auckland 1140 or
- fax to 0800 372 458.



American Express International (NZ), Inc. Incorporated in Delaware, USA. Principal Place of Business in New Zealand, 600 Great South Road, Ellerslie, Auckland 1051.

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