

Please deliver the card by express delivery

Application for  
Mastercard Business Debit

The application is submitted by mail. Original must be submitted to Danske Bank

If the application is submitted by District. Original should not be submitted to Danske Bank

**Fields with an asterisk [\*] must be completed**

**Company details**

Company name *	
CVR-No. *	Business account to which the card(s) should be linked *

**Personal data**

CPR-No. *	Name as stated in passport (no more than 22 characters including spaces) *		
Personal address *			
Post code *	Town *	Country *	
Business mobile No. * (+ country code, e.g. +45)		Personal tel./mobile No.	
Business e-mail			Employee No. (if any)
Language - please send us all future information from Danske Bank in <input type="checkbox"/> Danish <input type="checkbox"/> English			
Citizenship * <input type="checkbox"/> Danish <input type="checkbox"/> Other _____ state country of citizenship.			

**Card and ATM withdrawal limits \***

Card limit (30 days) * DKK _____ (DKK 1000 - 1,000,000)
However, it is not possible to use more than the credit balance of the business account to which the card is linked.
The cardholder may withdraw cash from ATMs with the card * <input type="checkbox"/> Yes <input type="checkbox"/> No (Tick)
If yes: Maximum amount which the cardholder may withdraw per day (standard limit DKK 6,000).
Other maximum amount DKK _____ (DKK 0 - 15,000)
Card number of current card (only the last four digits) _____ Other maximum amount for the selected card DKK _____

**Pinkode (kun et kryds) \***

<input type="checkbox"/> I want to use a separate PIN for my Mastercard Business Debit Card	<input type="checkbox"/> I want to use the same PIN for my Mastercard Business Debit Card as the PIN I use for the following card issued by Danske Bank:
Card No. (only the last four digits) _____	Card type _____

**Certification**

I confirm that the information given in this application is true and complete, and I certify by my signature that I have received, read and accepted the conditions of the Mastercard Business Debit Card.
I agree that - the card may be used for business purposes only, that is, to pay for expenses on behalf of the company. - this application, together with the card conditions and the list of charges, forms the contractual basis of the Mastercard Business Debit Card.
I am aware that Danske Bank receives commission for my use of the card in shops and the like.
Date * _____ Applicant's signature * _____

Remember to sign

**Proof of identity (must be enclosed)**

I enclose a copy of the following documents as proof of my identity \*  ID card  Driving licence  Passport Serial No. \_\_\_\_\_ Expiry \_\_\_\_\_

**Company's confirmation**

**Certification**

We confirm the card application under the Mastercard Business Debit corporate agreement.

We also confirm that the enclosed copies of the applicant's proof of identity are exact copies of the original documents.

Name of authorised signatory/mandatory *	Name of authorised signatory/mandatory *
Date *	Date *
Signature of authorised signatory/mandatory *	Signature of authorised signatory/mandatory *

**Remember to sign**

**Original application must be submitted to Danske Bank by District or physical mail.**