

Please deliver the card by express delivery

Application sent by fax (original application must be submitted)

Application for
Mastercard Business Debit

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		

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 _____ 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. _____ 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.

Company stamp *

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.