

Express delivery

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 * are required

Company details

Company name *	
CVR No. *	Mastercard Corporate Card account number *

Personal data

CPR No. *	Name as in passport *		
Name on card (max 22 characters can be embossed on the card including spaces) *			
Address *			
Postal code *	City *	Country *	
Business Mobile phone number * (remember country code e.g. DK +45)		Personal Mobile phone number	
Business e-mail *			Employee number
Citizenship *	<input type="checkbox"/> Danish	<input type="checkbox"/> Other _____	State country of citizenship
Language - please send all future information from Danske Bank in * <input type="checkbox"/> Danish <input type="checkbox"/> English			

Select card type (select one option only) *

Mastercard Corporate Classic	Mastercard Corporate Gold	Mastercard Corporate Platinum
Card limit DKK 50,000 (standard)	Card limit DKK 100,000 (standard)	Card limit DKK 100,000 (standard)
<input type="checkbox"/> With insurance, with lounge ⁱ⁾	<input type="checkbox"/> With insurance, with lounge ⁱ⁾	<input type="checkbox"/> With insurance, with lounge ⁱ⁾
<input type="checkbox"/> With insurance, without lounge ⁱ⁾	<input type="checkbox"/> With insurance, without lounge ⁱ⁾	
<input type="checkbox"/> Without insurance, with lounge	<input type="checkbox"/> Without insurance, with lounge	
<input type="checkbox"/> Without insurance, without lounge		
ⁱ⁾ This card have included travel insurance, which is relevant if you travel worldwide.		
Other card limit (DKK) _____ kr.		

Change of card limit (to be filled in only for card limit change on current Mastercard)

Current card number (only the last four digits) _____	Other card limit (DKK) _____ kr.
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PIN (select one option only) *

<input type="checkbox"/> I would like a separate PIN for my Mastercard Corporate Card	<input type="checkbox"/> I would like to have the same PIN for my Mastercard Corporate Card, as for the card below issued by Danske Bank
Card number (only the last four digits) _____ Card type _____	

Confirmation

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 Mastercard Corporate card conditions and list of charges.

I recognise that in special cases, I am jointly with the company severally and liable for all claims resulting from my use of the card, see 2.7.2 in the card conditions.

I accept that

- additional benefits may be linked to the card
- this application, together with the card conditions and the list of charges, forms the contractual basis of the Mastercard Corporate card agreement
- I can only use the card for business expenses related to my employment
- if the card is used against the card conditions for private use, I am personal liable for the used amount.

Danske Bank exchanges information with business partners for the establishment and administration of additional benefits to my card and for the processing of any claims. Contact Customer Service (+45) 70 20 70 20 for information about Business Partners.

I am aware that Danske Bank receives a commission on my use of the card in shops and other outlets.

I am aware that information about credit card transactions and entries on the card account now or later can be sent to my employer for use in travel management system or in Mastercard Smart Data Online statistics.

The chosen Mastercard Corporate Card may include travel accident insurance for personal travel. If that is the case, and the annual card fee plus the value of other staff benefits exceeds the tax authorities lower limit on certain staff benefits, the value of the card (the annual fee) is liable to tax, and the total value of the staff benefits must be reported on the tax return form. Find the current limit at www.skat.dk.

Date * _____ Applicant's signature * _____

Remember to sign

Identification (Identification must only be attached for foreign employees with an address abroad)

As proof of identity, I enclose a copy of my *

ID card Driver's licence Passport Serial No. _____ Expiry _____

Company confirmation

We confirm that the card application is in accordance with the concluded company card agreement.

We also confirm that the enclosed copies of the applicant's proof of identity correspond exactly to the original documents.

Name of authorised signatory * (Please use block capitals.)	Name of authorised signatory * (Please use block capitals.)
Date *	Date *
Signature of authorised signatory *	Signature of authorised signatory *

Remember to sign

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