

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.

Application for a corporate card with personal liability

Fields with an asterisk [*] are required

Company details

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

Personal data

CPR No. *	Name on card (max 22 characters can be embossed on the card including spaces) *			
Address *				
Postal code *	City *	Country *	Employee number	
Business Mobile phone number * <small>(remember country code e.g. DK +45)</small>		Business e-mail *	Personal Mobile phone number	
Marital status *				
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Cohabitee	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorced/separated
Dwelling *				
<input type="checkbox"/> Own detached or terraced house	<input type="checkbox"/> Owner-occupied flat	<input type="checkbox"/> Week-end house	<input type="checkbox"/> Flat under a multi-ownership scheme	<input type="checkbox"/> Tenancy <input type="checkbox"/> Other type of dwelling
Citizenship *				
<input type="checkbox"/> Danish	<input type="checkbox"/> Other _____	State country of citizenship		
Present address since (Month/Year) *			Number of addresses the past five years *	

Income and tax

Annual income before tax, DKK *	Monthly income after tax, DKK *	Salary payments * <input type="checkbox"/> Monthly <input type="checkbox"/> Other
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Occupation

The applicant is* <input type="checkbox"/> an employee <input type="checkbox"/> self-employed <input type="checkbox"/> hourly-paid <input type="checkbox"/> other
Employed since (month/year) *

Select card type (select one option only)

<p>Mastercard Corporate Classic Card limit DKK 45,000 (standard)</p> <p><input type="checkbox"/> With insurance, with loungeⁱ⁾</p> <p><input type="checkbox"/> With insurance, without loungeⁱ⁾</p> <p><input type="checkbox"/> Without insurance, with lounge</p> <p><input type="checkbox"/> Without insurance, without lounge</p>	<p>Mastercard Corporate Gold Card limit DKK 50,000 (standard)</p> <p><input type="checkbox"/> With insurance, with loungeⁱ⁾</p> <p><input type="checkbox"/> With insurance, without loungeⁱ⁾</p> <p><input type="checkbox"/> Without insurance, with lounge</p>	<p>Mastercard Corporate Platinum Card limit DKK 100,000 (standard)</p> <p><input type="checkbox"/> With insurance, with loungeⁱ⁾</p>
<p>ⁱ⁾ This card have included travel insurance, which is relevant if you travel worldwide.</p> <p>If you apply for a Mastercard Corporate Card with a credit limit that exceeds DKK 50,000, please attach copies of your latest tax assessment notice and preliminary income assessment from the tax authorities and of your three latest payslips.</p>		
<p>Other card limit (DKK) _____</p>		

Change of account limit (To be filled in only for account limit change on current Mastercard)

Mastercard Corporate Card account No.	Account limit
	From DKK _____ to DKK _____

Payment (select one option only) *

<input type="checkbox"/> The monthly payment will be made through BetalingsService (direct debit service)	<input type="checkbox"/> Payment will be made by way of inpayment form
Reg. No. _____ Account No. _____	
with _____ (financial institution), Branch _____	

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 I owe Danske Bank for any withdrawals made from the card account, including interest, overdraft interest, fees and charges, when the company has refunded the amount to my current account, always subject, to the rules laid down in section 2.8.2 in the Mastercard Corporate card conditions.

Liability for third party abuse is limited by §§ 97, 98 and 100 of the Danish Payment Act.

I accept that

- Danske Bank makes a credit assessment of my financial standing, which may include obtaining information from or passing on information to credit institutions, credit-rating agencies and banks as well as an assessment of my present (and previous) facilities with any company of the Danske Bank Group
- Danske Bank will make continuous assessment of my financial standing, including any facilities I may have with other companies of the Danske Bank Group. Consequently, information on my customer relationships, including my CPR number, may be passed on to and received from other companies of the Danske Bank Group
- 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 local 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 * _____

Identification - enclose minimum two types *

As proof of identity, I enclose a copy of my (minimum two out of these four options - Digital driver's licence and yellow health insurance card cannot be used as identification)

Personal ID Driver's licence Passport The yellow health insurance card

If the applicant does not reside in Denmark or if the citizenship is other than Danish, the following documentation must also be enclosed:

- Documentation of the applicant's home address, e.g. statement from the local tax authorities or a bill from a public utility company. (Only relevant if applicant does not reside in Denmark)
- Documentation of applicant's social security number, Tax Identification Number or personal identification number based on country of citizenship. (Only relevant if citizenship is other than Danish)
- If applicant resides in Denmark, but citizenship is other than Danish, colored copy of residence permit (both sides).

ATTENTION

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 *

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