

Company's full name

Company's corporate identity no. (XXXXXnnnn)

Contact information for this application

Contact person

Daytime telephone

Email address

First Card with corporate liability shall be issued to the person below

Surname, first name. Max. 26 positions in capital letters

Personal identity no. (YYYYMMDDnnnn)

Employee-ID

Daytime telephone

Department/Cost centre to which this card will belong

Street address, home address

Postal code, home address

Postal address, home address

Country of birth

Citizenship, list all

Email address

E-invoice

Contact your internet bank

Autogiro☐ Yes please: Bank

Clearing no.

Account no.

Cardholder signature

I, the cardholder, hereby confirm that all above entered data are complete and accurate. I understand that all form fields are mandatory and necessary for the processing of this application. I also comply with Nordea First Card's processing of personal data, which is described in currently applicable General terms and conditions.

Cardholder signature

Clarification of signature

Company's signature(s)

Once Nordea has received this document, duly signed by the Customer, in the form and content provided by Nordea, it becomes effective. This document and any schedule thereto may be signed by use of electronic signature. If electronic signature is used, the relevant signatory signs and accepts the document and any schedule thereto digitally by signing and identifying oneself to Nordea with a means of the signature process provided by Nordea. The electronic copy of the document, together with an audit trail of the signing, archived with Nordea shall be deemed to be the original document.

The above person has our approval to use First Card and charge our account. We also confirm that the above personal data corresponds with our employment register. We have read the currently applicable General terms and conditions and will comply with them.

Open General terms and conditions - corporate liability (link)

Place and date

Email address

Authorised signatory, alternatively according to power of attorney

Clarification of signature

Personal identity no. (YYYYMMDDnnnn)

Place and date

Email address

Authorised signatory, alternatively according to power of attorney

Clarification of signature

Personal identity no. (YYYYMMDDnnnn)

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