

*Company name

To be filled in by First Card

FC Agreement ID	FC customer no.	

Application for First Card payment Card with company liability

Standard card maximum: 50,000. In addition a separate limit is established of DKK 15,000 for cash withdrawals

Persona	l data						
*Applicant's	surname and first name, to	*Personal registration number					
*Home addr	ress						
*Postal cod	le		*City				
*Mobile pho	one	Cost center	Employee ID	*E-mail			
 I give consent to Nordea to exchange such information with the above companies and business partners for use for offers for and administration of the discounts, services and additional services or other functions which are or will be linked to First Card, including establishment and operation of control, advisory and statistical information/services, for example through First Card Customer Service. 							
s	I am aware that if Nordea changes the administration of First Card and must exchange information I will be informed of this via bank statement, the self-service system on www.firstcard.dk or letter. Current business partners appear from www.firstcard.dk.						
р							
to	 I accept General account terms and cardholder conditions for First Card and Insurance conditions for First Card, copies of which I have received. The conditions apply to any use of my First Card payment card and travel account. Prices and costs, including fees related to the use of First Card appear from the Tariff on firstcard.dk 						
	I am particularly aware of the fact that the above-mentioned conditions contain important provisions, including about my liability for the use and any misuse of First Card (condition 3.4), about my duty to block the card on suspicion of misuse (condition 3.5), about invoicing of use and any objections (condition 4)						
tr	I also accept that my First Card payment card is conditional on my employment with the accountholder and that the accountholder has access to all information about transactions made with my First Card payment card and via the travel account, and that my personal registration number can be used to ensure unique identification of me.						

*Business registration number.

I accept that my First Card payment card with company liability may only be used for commercial purposes.

*Place and date	*Applicant's full name	*Signature

Company signature

• We confirm that the above person is employed with our company and may have a First Card payment card issued. We also confirm that the above information about personal registration number, name and address is complete and correct.

*Place and date	*Names of signatories			
*Signatures of signatories				

Other comments

Please send the application to First Card, Po box 850, DK-0900 Copenhagen C, Denmark. If you have any questions, please contact Customer Service on +45 70 20 63 09

*Mandatory - these fields need to be filled in. Otherwise we cannot process the application

