



Customer form for cash payments and disbursements

We enquire about your cash transactions in order to comply with the know-your-customer and transaction verification requirements of the Danish anti-money laundering act.

Customer information

Name: _____ CPR/CVR no.: _____
Phone: _____ Address: _____
Postal code and town: _____
Is the transaction for your own account? Yes No

If no, please fill in the customer information in the following boxes:

Name: _____ CPR/CVR no.: _____
Phone: _____ Address: _____
Postal code and town: _____

Type of transaction

Cash payment/disbursement Purchase and sale of foreign currency

Origin of funds and purpose of transaction

Currency and amount:

Description:

Customer signature

Place and date: _____ Signature: _____