

CARD HOLDER INFORMATION

(machine readable – one character per box)

* To be filled in. Use name and address as registered in the CPR register.

If you live abroad, or if you don't have a CPR number, you also need to fill out form ER200

* First name(s)

* Family name

* Address

* Postal code * City

* CPR number - * Phone no.

You will be able to administer your account at www.rejsekort.dk with email:

E-mail

MARKETING – YES PLEASE

(You may check several boxes)

I agree to receive material from: DSB Movia Fynbus NT Metro Sydtrafik Arriva Midttrafik

→ Yes please, I wish to receive information about offers, products, direct mail, campaigns and benefit programs by e-mail or text messages from the transport companies selected above. This information may relate to both Rejsekort A/S, the transport companies' offers products, direct mail, campaigns and benefit programs

→ I also consent that Rejsekort A/S may pass on my name, address, mobile no. and e-mail address to the companies I have selected above and that I will receive the information mentioned. I can cancel this service at any time, as described in the material sent to me

CONSENT AND SIGNATURE

With my signature I consent that Rejsekort A/S and associated public transport companies may process, collect, register, store and exchange:

→ Any personal data given, including my Danish CPR number with the purpose of administering me as a customer and, if applicable, add me to the customer registration list, as set out in section 6 in the Rejsekort Terms & Conditions

→ I declare that I have read and accepted the Rejsekort Terms & Conditions as well as the Rejsekort Policy on Privacy in regards to handling personal data.

→ I may withdraw my consent at any time, as described in section 38 in the Danish Data Protection Act. If I withdraw my consent, I will cease being a customer at Rejsekort A/S

SOLEMN DECLARATION

I hereby solemnly declare that the information I have given is correct

Date

Signature (customer or legal guardian)

WHEN SENDING THE FORM

(Do not forget to enclose two types of ID)

Do not forget:

- Send copies of two different types of valid ID. One of these should preferably include a photo and your residential address must appear on at least one of the attached types of ID.
- Valid types of ID are: Health insurance card, passport, residence permit, drivers' license, baptism/birth certificate or a pension notification issued within the last 12 months.
- Sign the form

Send this formular to:

DSB
Rejsekort Kundecenter
Postboks 363
2630 Taastrup

[To register as a legal guardian of the cardholder - See next page](#)

LEGAL GUARDIAN

(Are you registering as legal guardian for the card holder? Please fill-in below)

* To be filled in. Use name and address as registered in the CPR register. I am legal guardian for the mentioned card holder

* CPR number - Customer number (to be filled in by personel)

* First name

* Family name

I want to be able to access the self-service platform of Rejsekort for the mentioned card-holder by using my e-mail

My e-mail

→ I accept liability for the mentioned card-holder's use of Rejsekort according to the Terms & Conditions of Rejsekort.

→ I accept that the ordered Rejsekort is sent to cardholder, and that I am liable for any amounts deposited in connection with ordering the card. I accept to pay the amount if charged by invoice.

→ I accept liability until the card-holder turns 18. Should the card-holder prior to turning 18 be in arrears, I also accept this liability. In this connection I pay especially attention to section 1.2 and 5.1 in the Terms & Conditions.

SHARING MY PAYMENT AGREEMENT

My payment agreement may be used as a reload agreement for the cardholder mentioned on the frontpage

REMEMBER to sign on the frontpage

TO BE COMPLETED BY STAFF ONLY

Kundenr.: Kortindehaver tilknyttes eksisterende kunde

ID1 (helst foto) Pas Kørekort Sundhedskort

Dåbs-/navneattest Bopælsattest (max. 1 år gl.) Opholdstilladelse

Udstedelsesdato: / / Evt. udløbsdato: / /

ID nr.:

Udstedt af:

ID2 (med adresse) Sundhedskort Bopælsattest (max. 1 år gl.) ID1 og betalingskort stemmer overens

Udstedelsesdato: / /

Kommune:

Jeg erklærer på tro og love, at de afgivne oplysninger er korrekte

Navn på salgssted

Dato og medarbejders underskrift

Initialer