

## Information form concerning Authorisation of debt collection agency

Reserved for the police
Received on (date)
File No.

#### The business

Name of business			Central Business Register (CVR) No.	
Address		Email		
Postcode	Town/City		Telephone No.	

## The applicant

Application	Commencement	Resignation			
First name(s)		Last name		Civil registrat	tion (CPR) No.
Address			Email		
Postcode	Town/City		Telephone No.		
Position at the company					
(Det Centrale Kriminalregis application and the entire a holds information about ind executive managers or me autoriserede inkassovirkso	It to the police collecting data from ster), the tax authorities, private be authorisation period. I also consendividuals to whom special requirenmbers of the board. Finally, I consymheder), which holds information introller of the Central Criminal Re	anks, etc., about the financ t to the information being in nents of conduct apply, inc tent to the information beir about businesses which a	ial affairs of the business and the corded in the Central Rights Folluding individuals employed at grecorded in the Register of A re authorised to conduct debt or	ne applicant during the degister (Det Centrale debt collection agency uthorised Debt Collection activities. The collection activities.	ne processing of the e Rettighedsregister), which cies who are co-owners, ction Agencies (Registret for the Danish National Police
Date:	Signature:				

# The applicant

Application	Commencement	Resignation				
First name(s)		Last name		Civil registration (CPR) No.		
Address		1	Email			
Postcode	Town/City		Telephone No.			
Position at the company	·					
I, the undersigned, consent to the police collecting data from the Danish Civil Registration System ( <i>Det Centrale Personregister (CPR)</i> ), the Central Criminal Register ( <i>Det Centrale Kriminalregister</i> ), the tax authorities, private banks, etc., about the financial affairs of the business and the applicant during the processing of the application and the entire authorisation period. I also consent to the information being recorded in the Central Rights Register ( <i>Det Centrale Rettighedsregister</i> ), which holds information about individuals to whom special requirements of conduct apply, including individuals employed at debt collection agencies who are co-owners, executive managers or members of the board. Finally, I consent to the information being recorded in the Register of Authorised Debt Collection Agencies ( <i>Registret for autoriserede inkassovirksomheder</i> ), which holds information about businesses which are authorised to conduct debt collection activities. The Danish National Police ( <i>Rigspolitiet</i> ) is the data controller of the Central Criminal Register, the Central Rights Register and the Register of Authorised Debt Collection Agencies.						
Date:	Signature:					

i ne applicant					
Application Commence	ment	Resignation			
First name(s)		Last name			Civil registration (CPR) No.
Address			Email	I	
Postcode	Town/City			Telepl	hone No.
Position at the company					
I, the undersigned, consent to the police collect (Det Centrale Kriminalregister), the tax authoriti application and the entire authorisation period. I holds information about individuals to whom spe executive managers or members of the board. I autoriserede inkassovirksomheder), which hold: (Rigspolitiet) is the data controller of the Centra	es, private ban also consent t ecial requireme Finally, I conse s information a Criminal Regi	ks, etc., about the financia to the information being re ents of conduct apply, inclu nt to the information being bout businesses which ar	al affairs of the business and the corded in the Central Rights Ruding individuals employed at a precorded in the Register of Ale authorised to conduct debt of a	ne appli legister debt co uthorise ollectio	icant during the processing of the (Det Centrale Rettighedsregister), which illection agencies who are co-owners, ed Debt Collection Agencies (Registret for n activities. The Danish National Police
Date: Sig	nature:				
The applicant					
Application Commence	ment	Resignation			
First name(s)		Last name			Civil registration (CPR) No.
Address		1	Email		
Postcode	Town/City			Telepl	hone no.
Position at the company					
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Date: Sig	nature:				
The applicant					
Application Commence	ment	Resignation			
First name(s)		Last name			Civil registration (CPR) No.
Address		1	Email		
Postcode	Town/City	ty		Telephone No.	
Position at the company					
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Signature:

Date: