

Information form concerning  
**Authorisation of debt collection agency**

<b>Reserved for the police</b>
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 registration (CPR) No.
Address		Email	
Postcode	Town/City	Telephone No.	
Position at the company			
<p>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.</p>			
Date:		Signature:	

## The applicant

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