

# 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.

Name:

CPR No.:

Telephone No.:

## For business account, fill in the following:

Company name:

CVR No.:

## Which transaction is involved?

### Cash payment

Currency and amount:

Describe where the money comes from?

### Disbursement

Currency and amount:

Describe what the money should be used for?

## Underskrift

Date: Signature: