MOTOR STYRELSEN

Application for an AKR number (Individuals)

Personal details

Name

Date of birth

Address 1

Address 2

Postal code

Town

Country

Phone number

Email

Account information

Account no. / IBAN

BIC (SWIFT)

Bank

Address

Postal Code

Town

Country

Signature

I hereby authorise Danish Motor Vehicle Agency to transfer a possible refund to the above account.

Date

Signature

2018.07