MOTOR STYRELSEN

Application for an AKR number (Businesses)

Business information

Name

Registration number

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 The Danish Motor Vehicle Agency to transfer a possible refund to the above account.

Date

Signature

2018.07