



## Application – company agreement

☐ Travel account ☐ Corporate liability cards\* ☐ Personal liability cards\*

\*To order/apply for cards to your employees, please visit [firstcard.se](http://firstcard.se)

To be filled in by FC

FC customer no.

Travel agent cust. no.

FC agreement's ID

Company's name in full

Company name embossed on cards (max 26 block characters, including spaces), only applicable to corporate liability cards

Company's corporate ID. number (XXXXXXnnnn)

Address

Post code

Postal address

Telephone

Invoice address, if other than above

Invoice recipient name

E-mail address

Telephone

### Contact person

The specified contact person is authorized to perform the following: Order replacement card/new card after closing an existing card, change invoice model and cost centre structure, temporarily increase transaction limits (for purchases and cash withdrawal), edit/add/remove cost centres and invoice references, terminate cards, change addresses, dispute card transactions, order copies of invoices, distribute cards and PIN codes. The contact person does not have the authority to perform actions that involve entering into new agreements or changing existing agreements with Nordea/First Card.

Contact person name

E-mail address

Telephone

☐ The authorizations shall be valid for one year from the date of signing ☐ The authorizations shall apply indefinitely, and shall be revoked in writing

### Payment terms, invoice model and distribution of cards/PIN (Payment term i.e. the period from invoice date to due date)

PERIOD ☐ Monthly invoice, 15 days payment ☐ Two invoices/months, 20 days payment ☐ Weekly, 25 days payment  
☐ Monthly invoice, 30 days payment (SEK 150 extra/card or according to offer)

INVOICE MODEL (company card and/or travel account)

MODEL 1 ☐ One invoice for the entire company ☐ In addition, separate specifications per cost centre (attach list)  
MODEL 2 ☐ One invoice per cost centre (attach list)  
MODEL 3 ☐ One invoice per each cardholder ☐ All travel purchases on a separate invoice

DISTRIBUTION OF CARDS AND PIN CODES (only applicable to corporate liability cards)

☐ Send cards and PIN codes to the cardholder (default) ☐ Send cards and PIN codes to the company: —

Recipient name

### Company's travel agency (specified in connection with application for First Card Travel Account)

Company's travel agency

Estimated travel volume SEK/year

Travel agent's address and location

### A special form for new customers

On the following pages of this application is a separate form that all new customers must fill in.

### Certified copy of valid ID – printed application forms only

(Not applicable for digital signatures) If you print your form we ask you also attach attested/certified copy of the ID of the applicant signing the application and customer form. This is mandatory for us to process the application.

### Company signature

Once Nordea has received this document, duly signed by the Customer, in the form and content provided by Nordea, it becomes effective. This document and any schedule thereto may be signed by use of electronic signature. If electronic signature is used, the relevant signatory signs and accepts the document and any schedule thereto digitally by signing and identifying oneself to Nordea with a means of the signature process provided by Nordea. The electronic copy of the document, together with an audit trail of the signing, archived with Nordea shall be deemed to be the original document.

We confirm that everything entered into this form is correct and complete, and we comply to the credit granting process that follows and that the application can be denied without receiving an explanation from Nordea/First Card. We approve that the above specified travel agency is entitled to debit our First Card Travel Account in respect of trips, and also due charges. We have read the currently applicable General terms and conditions and will comply with them. Kindly attach certified copy of valid certificate of registration and current annual report.

[Open General terms and conditions - corporate liability \(link\)](#)

[Open General terms and conditions - private liability \(link\)](#)

[Open First Card price list \(link\)](#)

Place and date

Authorised signatory

Clarification of signature

Personal identification number (YYYYMMDDnnnn)

E-mail address

Mobile phone no.

Send your application to: First Card, L6400, SE-105 71 Stockholm. If you have any questions, please contact customer service, telephone +46 (0)771-40 71 70

2026.06 Application 1  
First Card is issued by Nordea Bank Abp, filial i Sverige



## Know Your Customer Companies, Associations and Foundations

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Date	Corporate identity number
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According to anti-money laundering legislation, the bank/the card issuer have to undertake measures to get to know its customers. The bank/card issuer is thus required to ask its customers to answer certain questions and, in certain cases, submit supplementary documentation.

### Information about the Company/Association/Foundation

☐ Existing company/association/foundation   ☐ Newly started company/association/foundation   ☐ Company takeover

Name (company, association/foundation)		Corporate identity number	
Address (Official permanent business address)			
Postcode	City		
Contact person			Phone
e-Mail		Homepage	
In which country is the registered office of the company/association/foundation?		Country / Countries of tax residency (TAX) <b>Refers to Sole Proprietorship</b>	

### Beneficial owner *(Please read the appendix Definitions included in this form)*

☐ **Beneficial owner is registered in Bolagsverket.** (in case registration is missing, we can't process your application)

**Companies:** List all persons who individually, directly or indirectly, through ownership or voting rights control the company or who otherwise have significant control over the company. If the form is not enough, please attach an appendix.

**Non-profit associations:** Enter chairman. If the board consists of 3 or fewer, all must be stated. Also attach minutes that show the signatories and the composition of the board as well as the articles of association.

**Foundations:** List the individuals who individually are future beneficiaries of more than 25% of the foundation's assets.  
Specify founder and trustee. Also attach the foundation ordinance.

**Please state date of birth for natural persons without a Swedish personal identity number and enclose an authenticated copy of the person's passport.**

Owner/Person #1. Surname, first name		Personal identity no (YYYYMMDDnnnn)	
Permanent address			
Postcode	Postal address	Shares or number of votes, stated in %	Role
Country of birth	Citizenship (if multiple, list all)		
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (See description of PEP in the appendix Definitions )			
<b>If Yes, please specify:</b>			
Owner/Person #2. Surname, first name		Personal identity no (YYYYMMDDnnnn)	
Permanent address			
Postcode	Postal address	Shares or number of votes, stated in %	Role
Country of birth	Citizenship (if multiple, list all)		
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (See description of PEP in the appendix Definitions )			
<b>If Yes, please specify:</b>			
Owner/Person #3. Surname, first name		Personal identity no (YYYYMMDDnnnn)	
Permanent address			
Postcode	Postal address	Shares or number of votes, stated in %	Role
Country of birth	Citizenship (if multiple, list all)		
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (See description of PEP in the appendix Definitions )			
<b>If Yes, please specify:</b>			

Date	Corporate identity number
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**Description of the operation**

General information - Companies, Associations and Foundations	
State estimated annual turnover	State estimated profit/loss
State the number of employees	
Are cash processed in the operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify why:	
Does the company conduct money transfer or currency exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:	
In which countries are operations conducted?	In which countries are the parties which you do business with?
Companies	
Please describe the company's main operations (e.g. industry and areas of operation, business concept, products and services.)	
Associations	
Please describe the purpose of the Association	
Please describe the Associations main operations	
Founded, year	Number of members
Is the Association liable to tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, in which country?
<b>Please enclose last adopted statutes and the approved minutes from the General Meeting, board meeting or equivalent showing the authorised signatory as well as the latest annual report</b>	
Foundations	
Please state the type of Foundation <input type="checkbox"/> Fundraising foundation <input type="checkbox"/> "Tryggandels" foundation <input type="checkbox"/> Collective agreement foundation <input type="checkbox"/> Other, pls specify	
Please state the purpose of the foundation and the group of people the foundation is established for.	
Indicate how the foundation is managed <input type="checkbox"/> Own management through the board <input type="checkbox"/> Affiliated management through a legal entity	Manager's name and organisation number
<b>Please enclose the latest minutes of the General Meeting showing the authorised signatory, as well as the latest annual report.</b>	

Date	Corporate identity number
------	---------------------------

## Signatures of authorised signatories (power of attorney not valid)

Once Nordea has received this document, duly signed by the Customer, in the form and content provided by Nordea, it becomes effective. This document and any schedule thereto may be signed by use of electronic signature. If electronic signature is used, the relevant signatory signs and accepts the document and any schedule thereto digitally by signing and identifying oneself to Nordea with a means of the signature process provided by First Card/Nordea. The electronic copy of the document, together with an audit trail of the signing, archived with Nordea shall be deemed to be the original document. **Hereby we assure that the information within this form is complete and correct. We also commit ourselves to immediately notify Nordea/First Card (N/FC) in the event of changes in these circumstances.**

Place and date		
Signature of authorised signatory (# 1)	Printed name	Personal identity no (YYYYMMDDnnnn)
Permanent address		
Postcode	Postal address	Telephone number
Country of birth	Citizenship (if multiple, list all)	
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> Yes <input type="checkbox"/> No (See description of PEP in the appendix Definitions )		
<b>If yes, please specify:</b>		
Place and date		
Signature of authorised signatory (# 2)	Printed name	Personal identity no (YYYYMMDDnnnn)
Permanent address		
Postcode	Postal address	Telephone number
Country of birth	Citizenship (if multiple, list all)	
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> Yes <input type="checkbox"/> No (See description of PEP in the appendix Definitions )		
<b>If yes, please specify:</b>		
Place and date		
Signature of authorised signatory (# 3)	Printed name	Personal identity no (YYYYMMDDnnnn)
Permanent address		
Postcode	Postal address	Telephone number
Country of birth	Citizenship (if multiple, list all)	
Is this a political exposed person, (PEP), meaning a natural person who have, or during the last 18 months has held, a high-level political or state position, or a close relative or known colleague of such a person? <input type="checkbox"/> Yes <input type="checkbox"/> No (See description of PEP in the appendix Definitions )		
<b>If yes, please specify:</b>		

**Checklist:** Please ensure that you have enclosed the requested documents.

- ☐ Detailed overview of the ownership structure if the company is jointly owned. Please enclose organization chart
- ☐ Certified copy of ID document for signatories. (passport, driver's license, ID card.). Missing Swedish social security number applies to passports.
- ☐ Certified copy of ID document for real principal. (passport, driver's license, ID card). Missing Swedish social security number applies to passports
- ☐ Companies domiciled outside Sweden: Certificate of registration or register extract, i.e. a document which includes a list of persons authorised to sign for the company and official company data as well as the latest approved annual report.

## Information regarding the processing of personal data

As the controller of personal data, N/FC processes personal data in order to deliver the products and services agreed upon by the parties and for other purposes, for example in order to comply with the law and other rules. For detailed information regarding the processing of personal data, please read N/FC's data protection policy which is available at the following link: [nordea.se/dataskyddspolicy](https://nordea.se/dataskyddspolicy), or contact N/FC. The data protection policy contains information regarding the rights of the data subject in conjunction with the processing of personal data, such as the right to information, correction, data portability, etc. The Account Holder shall forward N/FC's data protection policy to Cardholders and other parties whose personal data is transferred to, and processed by, N/FC.

Complete form is sent to: First Card, L6400, 105 71 Stockholm.  
If you have any questions, please contact our Customer Service +46 771 40 71 70  
First Card is issued by Nordea Bank Abp, filial Sverige

<b>Skatteregistreringsnummer / Taxpayer Identification Number (TIN)</b>	<p>Ett skatteregistreringsnummer, Tax Identification Number (TIN) är ett identifikationsnummer för skattebetalare eller en funktionell motsvarighet till det om ett sådant nummer saknas. De flesta länder utfärdar skatteregistreringsnummer eller TIN. I Sverige används personnummer eller organisationsnummer som skatteregistreringsnummer. Information om utformningen av skatteregistrerings-nummer i olika jurisdiktioner/stater finns på OECD:s webbplats.</p>	<p>The term Taxpayer Identification Number (TIN) or a functional equivalent in the absence of a TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual and is used to identify the individual for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification.</p> <p>Examples of a TIN include a social security/insurance number, citizen/personal identification/service code/number, and resident registration number. In Sweden, the personal identity number is used as the taxpayer identification number. Further details on jurisdiction specific TIN formats can be found at OECD webpage.</p>
<b>Person i politiskt utsatt ställning – PEP / Politically exposed person – PEP</b>	<p>Banken behöver känna till om någon av företagets verkliga huvudmän, styrelse-medlemmar (inklusive person med liknande beslutsmandat) eller firmatecknare har, eller under de senaste 18 månaderna har haft, en viktig offentlig funktion eller hög befattning inom staten eller om någon av dessa personer är familjemedlem eller känd medarbetare till en person på sådan post/befattning.</p> <p>Med familjemedlem menas maka/make, registrerad partner och sambo, barn och deras makar, registrerade partner eller sambo, samt föräldrar. Företaget är skyldigt att meddela Nordea om någon av de ovan nämnda personerna, någon av deras familjemedlemmar eller kända medarbetare har någon av de positioner som nämns nedan.</p> <ul style="list-style-type: none"> <li>• Stats- eller regeringschef, statsminister, minister, vice eller biträdande minister</li> <li>• Parlamentsledamot, riksdagsledamot, talman</li> <li>• Ledamot i styrelse för politiskt parti i riksdag eller EU-parlament</li> <li>• Domare i Högsta domstolen, domare i konstitutionell domstol eller annat rättsligt organ på hög nivå vilkas beslut endast undantagsvis kan överklagas till Högsta domstolen eller Högsta förvaltningsdomstolen</li> <li>• Högre tjänsteman vid revisionsmyndighet, Riksrevisor</li> <li>• Ledamot i centralbankens styrande organ, ledamot i Riksbankens direktion</li> <li>• Ambassadör eller beskickningschef</li> <li>• Hög officerare i försvarsmakten, general, generallöjtnant, generalmajor, amiral, viceamiral eller konteramiral</li> <li>• Person som ingår i statsägda företags förvaltnings-, lednings- eller kontrollorgan</li> <li>• Person som har en funktion i ledningen i en internationell organisation</li> </ul>	<p>The bank needs to know if any of the company's beneficial owners, board of directors (including persons with similar executive decision-making powers over an entity) or authorised signatories hold, or have held within the last 18 months, an important official function or state position, or if any of these persons are a family member or close associate of a person who holds such a position.</p> <p>"Family member" refers to spouse, registered partner, cohabitant, children and their spouses, registered partner or cohabitant, and parents.</p> <p>The company is obliged to inform Nordea if any of the abovementioned persons, any of their family members or close associates hold any of the positions mentioned below.</p> <ul style="list-style-type: none"> <li>• Head of state or of government, king, prime minister, minister, deputy or assistant minister</li> <li>• Member of Swedish or foreign parliament, speaker</li> <li>• Member of the Board of a political party in the Swedish or EU Parliament</li> <li>• Judges of the Supreme Court, judges of a constitutional court or of other high-level judicial body whose decisions are not subject to further appeal to the Supreme Court or Supreme Administrative Court, except in exceptional circumstances</li> <li>• Senior official at an auditing authority, Auditor General</li> <li>• Member of a central bank's governing body, member of the Executive Board of the Riksbank</li> <li>• Ambassador or Chief of Mission</li> <li>• High-ranking officer in the armed forces, general, lieutenant general, major-general, admiral, vice-admiral or rear-admiral</li> <li>• Person who is a member of the administrative, management or supervisory body of a state-owned company</li> <li>• Person with a management function at an international organisation</li> </ul>
<b>Verklig huvudman / Beneficial owner</b>	<p><b>Företag</b> En verklig huvudman är den eller de personer som ytterst äger eller kontrollerar företag. En person kan kontrollera ett företag på olika sätt, exempelvis:</p> <ul style="list-style-type: none"> <li>• ha mer än 25 procent av rösterna genom aktier</li> <li>• ha rätt att utse eller avsätta mer än hälften av styrelseledamöterna. Det kan även finnas avtal eller bestämmelser i exempelvis bolagsordningen som gör att en person är verklig huvudman.</li> </ul> <p>Om en person äger eller kontrollerar ett företag tillsammans med närstående, ska deras kontroll räknas samman. Närstående är maka/make/sambo/registrerad partner, föräldrar, barn och barnens makar/sambo/registrerade partner.</p> <p>I en grupp av flera företag, är den verkliga huvudmannen den person som kontrollerar det företag som ytterst äger företagen i gruppen.</p> <p><b>Föreningar</b> Alla medlemmar ska anses vara verkliga huvudmän om föreningen har färre än fyra medlemmar. Föreningens ordförande ska normalt sett betraktas som verklig huvudman i de fall föreningen har fler än tre medlemmar.</p> <p><b>Stiftelser</b> För stiftelse gäller, utöver kriterierna ovan, att en fysisk person ska antas utöva den yttersta kontrollen om han eller hon är styrelseledamot eller har motsvarande befattning. En fysisk person ska också antas utöva den yttersta kontrollen om han eller hon företräder en annan juridisk person som förvaltar stiftelsen.</p> <p>En fysisk person ska antas vara den till vars förmån stiftelsen handlar i de fall han eller hon kan få del av en väsentlig andel av stiftelsens utdelade medel.</p> <p><b>Exempel 1</b> Aktiebolaget A ägs till lika delar av tre fysiska delägare (person 1, 2 och 3). Varje delägare äger alltså mer än 25 procent av aktierna. För aktiebolaget A är alla tre fysiska delägarna därför verkliga huvudmän. I formuläret ska alla tre delägarna (person 1, 2 och 3) inklusive uppgift om ägande (storlek i procent) anges.</p> <p><b>Exempel 2</b> Aktiebolaget B ägs till mindre än 25 procent av en fysisk delägare (person 1). Trots att person 1 äger mindre än 25 procent så utövar personen en betydande kontroll över företaget, t.ex. att genom ett aktieägaravtal ha rätt att utse eller avsätta mer än hälften av ledamöterna i bolagets styrelse. För aktiebolaget B är person 1 verklig huvudman. Person 1 ska anges som verklig huvudman i formuläret, inklusive beskrivning av hur personen utövar betydande kontroll över företaget.</p>	<p><b>Company</b> A Beneficial Owner is the person or persons who ultimately own or control a company. A person can exercise control of a company in different ways, such as:</p> <ul style="list-style-type: none"> <li>• has more than 25 percent of the votes through shares</li> <li>• has the right to appoint or dismiss more than half of the board members.</li> </ul> <p>There may be contracts or arrangements, for example the articles of association, that make a person to be considered Beneficial Owner.</p> <p>If a person owns or controls a company together with related parties, their control shall be aggregated. Related parties are spouse / cohabiting partner / registered partner, parents, children and spouse / cohabiting partner / registered partner.</p> <p>In a group of several companies, the actual principal is the person who controls the company that ultimately owns the companies in the group.</p> <p><b>Associations</b> All members should be considered as beneficial owners if the association has less than four members. The chairman should generally be considered as beneficial owner for associations with more than three members.</p> <p><b>Foundations</b> For foundations, in addition to the criteria above, a natural person is expected to exercise the ultimate control if he or she is a member of the board or has an equivalent position. A natural person shall also be assumed to exercise the ultimate control if he or she represents another legal person who manages the foundation.</p> <p>A natural person is supposed to be the one to whose benefit the foundation is acting in case he or she can get a substantial share of the foundation's distributed funds.</p> <p><b>Example 1</b> The limited liability company A is equally owned by three physical shareholders who are natural persons (persons 1, 2 and 3). Each shareholder owns more than 25 percent of the shares. For company A, all three physical shareholders are therefore beneficial owners.</p> <p>In the form, all three shareholders (persons 1, 2 and 3) including information on ownership (size in percent) must be added.</p> <p><b>Example 2</b> Company B is owned by less than 25 percent of a shareholder who is a natural person (person 1). Although person 1 owns less than 25 percent, the person exercises a significant control over the company, e.g. have the right to appoint or dismiss more than half of the members of the company's board member through a shareholder agreement.</p> <p>For company B, person 1 is a beneficial owner.</p> <p>Person 1 should be added as beneficial owner in the form, including a description of how the person exercises ultimate control on the company.</p>

## Bestyrkt kopia av giltig legitimation

Enligt lagstiftning om åtgärder mot penning-tvätt måste bank- och finansbolag vidta åtgärder för att lära känna sina kunder. Det innebär att vi behöver en vidimerad kopia av din id-handling för att behandla din ansökan. Detta gäller såväl privatpersoner som firmatecknare/företrädare för företag.

### Gör så här:

1. Kopiera din id-handling. Notera att samtliga uppgifter på kopian ska vara läsbara
2. Skriv din namnteckning, namnförtydligande, datum och telefonnummer intill kopian, se exemplet nedan
3. Ytterligare en person ska intyga att id-handlingen överensstämmer med originalet genom att signera samt skriva namnförtydligande tillsammans med datum, telefonnummer och vilken roll man har (t ex "vän" eller "kollega")

Godkänd id-handling är pass, körkort eller id-kort med gällande giltighetstid.

### Kontakta oss

Har du frågor är du välkommen att ringa till kundservice.



*Anna Persson*  
**Anna Persson**  
2019-11-21  
08-234 56 78

**Vidimeras:**  
*Lars Johnsson*  
**Lars Johnsson**  
2019-11-21  
08-123 45 67  
Vän

## A certified copy of valid ID

Due to current legislation requirements concerning "know your customer" in the banking and financial services industry, we need a certified copy of your ID in order to process your application. This applies to both private individuals and authorised signatories/representatives of companies.

Do like this:

1. Copy your ID document. Please note that all details on the copy must be legible
2. Write your signature, clarification of signature, date and phone number next to the copy, see example below
3. Another person must certify that the ID document corresponds with the original by signature and by adding his/her name, date, phone number and role (e.g. "friend" or "colleague" etc)

Approved ID documents are passports, driving licences or ID cards with applicable period of validity.

### Contact us

Should you have any enquiries, please contact First Card customer service.

**Telefon kundservice:**  
0771-40 71 70  
**firstcard.se**

**Customer service phone:**  
+46 (0)771-40 71 70  
**firstcard.se**