Registration of proprietor and management

Dear Tenant

Due to statutory requirements around the Money Laundering Act, we are required to collect the following personal information about your company's proprietor and management and hold these for at least 5 years after potential termination of rental agreement. Please return the form filled out at your earliest convenience. By not returning or returning the form incomplete, we will not be able to perform our services to you. Thank you.

# Information about your company

|  |  |
| --- | --- |
| **Company name** |  |
| **CVR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **Place of Business or P no. (state all)** |  |
| **Possible agent/ franchisee for** |  |

# Information about proprietor

By proprietor is referred to physical persons who ultimately own or control the company. Any proprietor with a stake of 25% or more must be reported.

|  |  |
| --- | --- |
| **1. Name** |  |
| **CPR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **For individuals without Danish CPR no.** | |
| **Nationality** |  |
| **Date of birth** |  |
| **Passport no. or national ID no.** |  |

|  |  |
| --- | --- |
| **2. Name** |  |
| **CPR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **For individuals without Danish CPR no.** | |
| **Nationality** |  |
| **Date of birth** |  |
| **Passport no. or national ID no.** |  |

|  |  |
| --- | --- |
| **3. Name** |  |
| **CPR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **For individuals without Danish CPR no.** | |
| **Nationality** |  |
| **Date of birth** |  |
| **Passport no. or national ID no.** |  |

|  |  |
| --- | --- |
| **4. Name** |  |
| **CPR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **For individuals without Danish CPR no.** | |
| **Nationality** |  |
| **Date of birth** |  |
| **Passport no. or national ID no.** |  |

# Information about the manager if not the same as proprietor

|  |  |
| --- | --- |
| **Name** |  |
| **CPR no.** |  |
| **Address** |  |
| **Postcode and City** |  |
| **For individuals without Danish CPR no.** | |
| **Nationality** |  |
| **Date of birth** |  |
| **Passport no. or national ID no.** |  |

# Changes of legal form, proprietor or manager

If your company changes its name, legal form, proprietor or manager, you are liable immediately to notify CPH: OFFICE ApS and to fill out this form again with the new information.

# Date and signature

The form is signed by a signatory authorized to sign on behalf of the company.

|  |  |
| --- | --- |
| **Name** |  |
| **Phone number** |  |
| **Address** |  |
| **Postcode and City** |  |

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 date signature

# Documentation and submission of the form

The completed form and **copy of passport, driving license or national ID card**, which verifies the specified personal information, must be send to CPH:OFFICE ApS in one of the following ways:

1. By letter to our address  
   CPH:OFFICE ApS  
   Rosenørns Allé, 31, 2.

1970 Frederiksberg C  
Denmark  
  
Att.: Kenneth Oldenburg

1. By secure e-mail to info@cphoffice.dk via <https://www.wetransfer.com/>