

# Form for Manual Payouts

## Invalid CPR Number



**Please read the following carefully before filling out the form.**

### **Verified signature**

The signature of the signer must be verified by a notary or lawyer or, alternatively, by two witnesses for the form to be valid. This means that the form must be signed in the presence of a notary, lawyer, or two witnesses.

### **Witnesses**

Witnesses must provide the following information in connection with signing the form: *1) date, 2) full name in block letters, 3) address, 4) CPR number or identification number and 5) signature.*

Witnesses are not required to submit a copy of valid identification.

### **Who can be a witness?**

There are no legal requirements regarding who can act as witnesses. However, to ensure that the witness cannot be challenged later, the following requirements must be met:

1. The witness must be at least 18 years old.
2. The witness must not have a personal or financial interest in what is being signed.
  - a. It is recommended that family members do not sign as witnesses.
3. The witness must understand their role as a witness.

### **What is the role of the witnesses?**

The role of the witnesses is to confirm that this form is being signed correctly. As witnesses, you must ensure the following when the form is signed:

1. That the identity of the signer has been confirmed by presentation of valid identification.
2. That the date indicated on the form corresponds with the current date.
3. That the signer is mentally capable of signing.

### **Required documentation**

1. The most recent form for manual payouts with a signature verified by a notary, lawyer, or two witnesses.
  - a. Please ensure that the information on the form is written legibly – preferably in block letters.
2. A copy of valid identification for the signer (e.g. copy of passport, driver's license, health insurance card, etc.).

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### Reserved for Notary or Lawyer

Full name:	Date:
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Stamp

### **ALTERNATIVELY, signature of two witnesses<sup>1</sup>**

*I confirm that the signature is genuine, the date is correct, and that the signer is mentally capable of signing.*

Date:	Date:
Full name in block letters:	Full name in block letters:
Address:	Address:
Danish CPR number or foreign identification number:	Danish CPR number or foreign identification number:
Signature of witness:	Signature of witness:

### **Citizen's Signature**

Date:	Citizen's signature:
	Full name in block letters:
	Contact e-mail:

<sup>1</sup> Please note that the witnesses have to witness the form being signed. Therefore, the witnesses must sign on the same day as the signer.

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### Personal Information

Full name:		Valid CPR number:
Address:		Invalid CPR number:
City:	Postcode:	Country:

### Bank Account Information

Registration number:	Account number:
IBAN:	SWIFT:
Bank name:	Bank address:
City:	Postcode:
Currency of bank account:	Country:

**Please send this form and a copy of valid ID to NemKonto Support via the contact form at [support.nemkonto.dk](https://support.nemkonto.dk) or via physical post to:**

Digitaliseringsstyrelsen  
Att.: NemKonto Support  
Slotsgade 1  
4800 Nykøbing F  
Denmark

### HAVE YOU REMEMBERED TO INCLUDE ID FOR THE SIGNER?

Requests for manual payouts cannot be processed if the signer's identification is missing. Therefore, it is important that you include a copy of the signer's identification, when you send the form.