

Tax information

Private customers

Name	Phone
Address	Postcode/city
Email	Danish CPR no.
Proof of ID – Address documentation with name and address	s issued by public authority or company and one other type of
Photo-ID	
☐ Address documentation from public authority ☐ Valid n	ational ID with photo, name and address (EU-countries only)
☐ Valid passport ☐ Other approved	Attached as a copy to this form
\square Uploaded via online banking or at https://www.andelskasse	n.dk/form-english
Self-declaration regarding foreign tax matters	
In which country and town/city were you born?	
☐ Denmark ☐ USA	
Other country of birth, please specify which	Place of birth (town/city)
Of which country are you a citizen?	
\square Denmark \square USA \square Other, please specify which $_$	
Please tick appropriate box	
\square I am not a US citizen and/or US tax resident	
$\hfill \square$ I am a US citizen and/or US tax resident and have listed the	e USA as one of my countries of tax residency below.
What is your country of tax residency?	
Complete the following form by stating where you are taxable	and state your tax identification number (TIN) for each of the
countries stated.	
IMPORTANT MUST BE FILLED IN	
Taxation country	Tax identification number (TIN)
1	
2	
2	



Declaration and signature

The undersigned are aware that the information contained in the declaration and other information may be submitted to SKAT, and may be exchanged with the tax authorities of another country or other countries where the account holder may be liable for tax, if the countries have entered into an agreement regarding the exchange of financial account information with Denmark.

The undersigned declare that all statements in this declaration are correct and complete.

The undersigned undertake to notify Danske Andelskassers Bank A/S as soon as possible after any change in circumstances affecting the tax status or causing the information in the self-declaration to become incorrect. Danske Andelskassers Bank A/S will receive an updated self-declaration within 30 days of any such change.

Date and signature:		
· ·		
Printed name (BLOCK LETTERS)		

Remember to save the completed form on your computer before closing the tab/page in your browser. You can then upload the completed form and submit it via https://www.andelskassen.dk/form-english