



Self-declaration from benefit recipient on receipt of BankAxept card

Verification of identity

I am aware that I will receive the BankAxept card and the associated personal identification number (PIN code) only if I appear in person at the relevant institution:

This also applies in connection with the renewal or replacement of the card. I understand that the BankAxept card and the PIN code will not be handed over to me before I have provided proof of identity or another document from a public authority verifying my identity. I accept that my name, address, social security number, contact information and a copy of my identification documents can be sent to the institution's bank. I am aware of the bank's privacy protection statement and that the bank will process personal data in order to fulfil the contract with the institution and meet statutory obligations and to fight financial crime, money laundering and terrorist financing.

Areas of use

I am aware that the BankAxept card can be used either together with the PIN code or without the PIN code, for example for contactless payments, in ATMs (cash machines, a fee will be charged) and in payment terminals in Norway marked BankAxept. The card can also be used to withdraw cash at payment terminals offering this service (free of charge). When the card is used, contact will be established between the terminal and the bank in order to verify the card, check the balance of the account etc. The card cannot be used as an ID card.

I am aware that the BankAxept card can only be used within the stipulated amount limits, and that unused funds belong to the institution until the funds have been used. It is not possible for anyone other than the public enterprise to deposit money into the card account. The card account is not an ordinary account that can be used for deposits. The card must not be used for refunds in connection with the return of goods.

Control of transactions

I should keep receipts that I am given when using the card, so that I can check them later. If it has been agreed that I will receive printed transaction statements, I should check the receipts against these.

Right of access

I have been informed that the institution and the bank have a right of access to the funds available on the card and agree that this right of access also may include individual transactions.

Protection of card and PIN code

I will make sure that others do not gain access to my BankAxept card or PIN code.

I have received my PIN code in a sealed envelope. I will not disclose my PIN code to others, including the police, the bank or the institution. In addition, I will make sure that the PIN code is not used in such a way that it is easy for others to see it. I should memorise the PIN code. If I need to write down the code, I will do it in a way that makes it impossible for others to understand the meaning of the numbers. I must not keep the note containing the PIN code close to or together with the card.

Notice of lost card

I will notify the institution immediately if the card is lost, or if I suspect that it is lost or that someone else has knowledge of the PIN code.

Errors and misuse of the card

If any errors or other irregularities relating to the card occur, I will contact the institution as soon as possible. I understand that any financial losses that are due to the card being misused by myself or others, is a matter between me and the institution.

Termination and return of the card

If benefit payments are terminated or if the institution so requests for other reasons, I will return the card immediately. I am aware that the institution can demand that the card is returned if any of the above terms are violated.

I have also been informed that the BankAxept card is issued for a given period and cannot be used after this period. The institution will decide whether a new card should be issued after the period of validity has ended.

Binding signature: *As a benefit recipient and user of the BankAxept card, I have familiarised myself with the terms of use of the card and will comply with the above.*

Signatures:			
Place and date:			
Benefit recipient:			Name in capital letters:
For the institution:			
For the institution:	Identity verified	Client ID	Other information
		☐ Known	