

DKV Customer Number



# DKV Main Online User Application

## Address

Company Name

Company Name

Street, House

Number

Post Code, City

Country

## Information about the Main Online User

Form of Address\*

First Name\*

Surname\*

Email Address\*

Country\*

Correspondence Lang.\*

(Fields marked with \* are mandatory fields - please fill out with BLOCK LETTERS)

Please note the following:

The main online user is granted the authorisation to manage master data, book DKV products, and add new online users and control their authorisations.

Your email address is required for you to access the DKV Portal and send confirmation emails.

I/we confirm to DKV that all the information above is complete/correct. With the DKV main online user application I/we consent to the user conditions of the DKV ([www.dkv-euroservice.com](http://www.dkv-euroservice.com)). I/we acknowledge the applicability of the user conditions.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Company Stamp