# Form for notification of provider

Fields marked with \* are compulsory.

The completed and signed form must attached to an e-mail and sent to [servicemail-pac@politi.dk](mailto:servicemail-pac@politi.dk)

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| Providers name \*  *Name under which the company is operating/known in Denmark.* |  |
| Secondary names \*  *For example a subsidiary company with no separate obligation to notify.* |  |
| Providers complete postal address  *Road name & -number*  *City & zip-code* |  |
| Providers home country \*  *Home country for the company* |  |
| Providers official telephone number \*  *Official phone number used by the clients of the company* |  |
| Providers official e-mail address |  |
| Providers official web-site |  |

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| Providers contact person(s) at superior level  *Head of police group and/or legal responsible for law compliance.* |  |
| Providers sector  *Mobile provider, fixed line provider, Internet provider etc.* |  |
| Service Providers  *Other companies operating on the network of the provider.* |  |
| Company form  *Limited company/incorporated, partnership, one-man business, etc.* |  |
| CVR number  *Company registration number.* |  |
| CPR number  *Civil registration number.* |  |

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| General information about the point of contact  *The company can here state if the contact will be to an established police group or just one or more employees, when assistance is needed for the invasion of the secrecy of communication.* |  |
| Complete postal address of point of contact \*  *The specific address of the person(s) who handles the police work.* |  |
| Contact persons \*  *Name(s) of the person(s) who constitutes the police group and who has/have been security-cleared.* |  |
| Phone number for point of contact \* |  |
| E-mail address for point of contact |  |
| The providers additional information regarding the police cooperation  *To be completed if the provider has additional information that could be of interest.* |  |

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| Transferred chapter 71 obligation **to**:  *Under contract the provider can transport the obligations with regards to invasion of the secrecy of communication to another provider. In this field, it can be stated to which provider the obligation is transported.* |  |
| Transferred chapter 71 obligation **from**: *Under contract the provider can take over the obligations with regards to invasion of the secrecy of communication from another provider. In this field, it can be stated from which provider the obligation is taken over.* |  |

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| Date \* \_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ | Signature \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Company position \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |