


ORGANISATION
MISSION / ORGANISATION

[Redacted]	
STREET & NR.	
[Redacted]	
POSTAL CODE	CITY
[Redacted]	[Redacted]

PERSONAL DETAILS

TITLE	FIRST NAME	FAMILY NAME
[Redacted]	[Redacted]	[Redacted]
FUNCTION / POSITION	ID EXPIRY DATE - Front of your Diplomatic identification	
[Redacted]	_____ / _____ / _____ (dd/mm/yyyy)	
MOBILE	TELEPHONE	
[Redacted]	[Redacted]	
EMAIL		
[Redacted]		
BSN - Back of your Diplomatic identification	DOC. NR. - Front of your Diplomatic identification	STATUSCODE
[Redacted]	[Redacted]	[Redacted]
STREET & NR.		
[Redacted]		
POSTAL CODE	CITY	
[Redacted]	[Redacted]	
MISSION START DATE	MISSION END DATE - If known	
_____ / _____ / _____ (dd/mm/yyyy)	_____ / _____ / _____ (dd/mm/yyyy)	

Hereinafter referred to as 'the Customer'

BANK DETAILS

NAME ON ACCOUNT	
[Redacted]	
IBAN ACCOUNT NUMBER	BIC
[Redacted]	[Redacted]
STREET & NR.	
[Redacted]	
POSTAL CODE	CITY
[Redacted]	[Redacted]



OPTIONAL

FAMILY MEMBERS

TITLE	FIRST NAME	FAMILY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION - <i>Partner / Child / Other</i>		DATE OF BIRTH
<input type="text"/>		<input type="text"/> (dd/mm/yyyy)
MOBILE	EMAIL	
<input type="text"/>	<input type="text"/>	

FAMILY MEMBERS

TITLE	FIRST NAME	FAMILY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION - <i>Partner / Child / Other</i>		DATE OF BIRTH
<input type="text"/>		<input type="text"/> (dd/mm/yyyy)
MOBILE	EMAIL	
<input type="text"/>	<input type="text"/>	

FAMILY MEMBERS

TITLE	FIRST NAME	FAMILY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION - <i>Partner / Child / Other</i>		DATE OF BIRTH
<input type="text"/>		<input type="text"/> (dd/mm/yyyy)
MOBILE	EMAIL	
<input type="text"/>	<input type="text"/>	

In the event of additional family members it suffices to provide us with a copy an MFA ID-card.
 VAT exemption is granted on the purchase of movable goods for your personal usage and the usage of your registered family members.

- I declare that above mentioned family members are living at my address and under my responsibility.
- An ID-card (both sides) is required for each of your family members.

FULL NAME	DATE OF SIGNATURE
<input type="text"/>	<input type="text"/> (dd/mm/yyyy)

SIGNATURE



CUSTOMER CONTRACT

Article 1: Agreement

DCS Netherlands B.V. (DCC) provides Diplomats and other VAT exempted persons (for their personal and official use) ("Services") a secured solution for the purchase of VAT goods for the Diplomatic market and the administrative handling of the VAT reimbursement. DCC administers the payment and retrieval of transactions which are exempted from VAT, in order to reduce the administrative workload for its Customers. DCC acts therefore as intermediary between the Retailers, tax authorities and the Customer. DCC takes care of the validation of the reimbursement of the VAT amount by use of their Check Platform.

Article 2: Administration Fee Payment

The administration fee will be compensated with the reimbursed VAT amount for which the customer gives a mandate to DCC. An overview of the reimbursed VAT amounts with the deduction of the administration fee will be sent to via email every end of the week.

Article 3: Administration Fee

€3,50* - Transaction value lower than €225 (excluding VAT).

€4,50* - Transaction value €225 and above (excluding VAT).

*Our commission is exclusive VAT

Article 4: Power Of Attorney for Reimbursement

In order to be REIMBURSED WITHIN 48 HOURS after reimbursement by the VAT administration:

1. I hereby agree to give power of attorney to DCC to file on my behalf the OB 100 and to send it to the tax authorities, to reclaim and to refund the VAT amount for all of my Transactions with both Connected and Non-Connected Retailers during the term of the Agreement.
2. I hereby agree to give power of attorney to DCC to receive on my behalf the sums with regard to the VAT refund from the tax authorities for all of my Transactions with Retailers during the term of the Agreement.
3. I hereby agree to give power of attorney to the tax authorities/Central Bureau for International Tax Treatment (CB/IFB) to transfer the above sums that are refunded to the bank account of DCC during the term of the Agreement
4. I hereby agree to give power of attorney to DCC to debit from my stated bank account any VAT sums paid or refunded with respect to all of my Transactions with both Connected and Non-Connected Retailers if I no longer qualify for VAT exemption according to the governmental Regulations or otherwise.
5. I hereby agree to give power of attorney to DCC to set -off all Costs related to my Transactions at Retailers against the due VAT amount and to send this net amount to my stated bank account.

After acceptance and execution by DCC, this application form shall serve as your customer contract. General terms & Conditions are available upon request via our Card Centre and on our website.

By signing this contract the undersigned person hereby agrees with:

The General conditions of the Diplomatic Card Customer Contract.



Confirms that all the information provided in this application form is true and accurate.



Confirms to inform DCC promptly about changes in the status of my family-members who have a VAT-privilege.

FULL NAME

DATE OF SIGNATURE

(dd/mm/yyyy)

SIGNATURE

IMPORTANT

**PLEASE ATTACH A COPY OF YOUR
DIPLOMATIC ID CARD**