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Name First Name Address (private) Zip Code / City

Personal Tax – ID

Birth Date

Please transfer the agreed upon amount of

for my participation in

of FREIEN UNIVERSITÄT BERLIN

on

to my account:

Bank:

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Address of Bank:

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Account Number:

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Bank Code:

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SWIFT:

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Date

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Signature (Visting Scholar)

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Rechnerisch / sachlich richtig (Kostenstelleninhaber)