DECLARATION

The undersigned _____

Place of Birth: _____ Date of Birth: _____ Tax code: _____

Residence address: _____

_____

Telephone number: _____ E-mail: _____

Profession/Title: _____

Office/Department: _____

Office/Department address: _____

VAT: _____

demands to receive the payment for his/her compensation according to the following mode:

☐ direct drowning at the University cashier (only for payments up to € 1,000.00)

☐ bank deposit

Bank: _____

Branch: _____

Address: _____

Bank account no.: _____

IBAN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BIC/SWIFT code: _____

Place and Date, _____

Signature: _____