## **Registration for Services of the Language Center**

☐ Consultation for Job ☐ Language Certificat						15,	00	EU	R fo	or e			0 m		ute Da	omi	me Yea	ed)	
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Language:																			
Family Name:																			
First Name:																			
Street and No.:																			
Post Code:							To	w	n:										
Matriculation-No.:																			
E-Mail:																			
Amount of Fee:  Please fill in the amount of the fee that applies to you.  Bank account from which the fee shall be deducted:																			
Account Holder:																			
IBAN	D	E																	
BIC:																			
Name of Bank:																			
Please note that you will be charged an additional bank fee in the event that your bank account cannot be debited due to a fault of your own. The amount of the bank fee will be determined by your bank.																			
I hereby bindingly re	egis	ter	fo	r tl	he	ser	vic	e c	ho	ser	n a	bov	ve:						
Date	Signature of Participant																		