Registration for Services of the Language Center

☐ **Language Certificate (30,00 Euro)**

Month Day Year

on | | | / | | | / | | | | |

Language:

Family Name:

First Name:

Street and No.:

Post Code: **Town:**

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 register for the service chosen above:

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Date Signature of Participant