

Request Transfer of UniAccount

U N I K A S S E L
V E R S I T Ä T
I T S E R V I C E

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IT Servicezentrum
Universität Kassel
Mönchebergstraße 11
D-34125

User Information

OLD		NEW	
Form of adress (Mr / Mrs)	Title	Form of adress (Mr. / Mrs.)	Title
Surname		Surname	
Name		Name	
Date of Birth		Date of Birth	
E-Mail		E-Mail	
Phone		Phone	
Insitute		Insitute	

Notice: With the signature, the applicant agrees to inherit the data connected with the corresponding UniAccount.

Both signatures are required for further processing

Date	Signature Account holder OLD
Date	Signature Account holder NEW

Filled out by IT Servicezentrum

Date	Signature
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