



Registration Form

To be filled in by the Job Agency:

angenommen (Kürzel/Datum)	erfasst (Kürzel/Datum)	Stammnummer

im Original
vorgelegt:

STUDENTS please fill in here:

Last Name, First Name	
Date of Birth	Place of Birth
Nationality	Gender
Street / House Number	
ZIP Code / Municipality	
Addition to Address (Apartment / Room / c/o)	
E-Mail	
Phone (Land Line / Mobile)	
University / College	Matriculation / Registration Number
<p>I have received, read and do accept the terms of service of the job agency that are currently in effect. I am obliged to inform myself about changes of these terms via newsletters and updates on the agency's website.</p> <p>I agree that all personal data on this form will be saved through means of electronic data management by the "studierendenWERK BERLIN". This data may be shared with third parties under the regulations of the law (i.e. employers, tax authorities, social insurance authorities).</p> <p>The "studierendenWERK BERLIN" may compare and confirm this data through automatic processes with data from other employers and the authorities, unless otherwise stated and further regulated. Competent court of jurisdiction and place of fulfilment: Berlin Charlottenburg.</p>	

Personalausw./
Pass

Amtl. Meldeb.

Aufenth.-Erlaub.
mit Zusatzblatt

Immatrikulation
WiSE

Jahr

SoSe

Jahr

SV-Nummer

Steuer-ID

Krankenvers.

I hereby confirm to have read and to accept the terms of service of the job agency.

Date, Signature
