

Application for reimbursement of 200€ deposit

Dokumentenart:
Versionsnummer:
QM-Version gültig ab: 01.

FORM 01 01.11.2019

To be sent by e-mail to: servicepoint@fh-wien.ac.at

	To be filled out by	y the applicant:		
First name:		Surname	:	
Telephone number:		Email:		
Application for the 1	reimbursement of th	e deposit (200 €)		
Reason: Non-fulfilment of application requirements				
	Withdrawal of application			
	I did not take up a place / was not offered a place to study			
	Other:			
Bank details for r	eimbursement wit l	hin FU:		
Barm dotallo for f				
IBAN:				
BIC:				
Account holder:				
Bank details for r	eimbursement out	of EU:		
account number:				
bank code:				
BIC or SWIFT (if avail	able):			
name & place of bar	ık:			
account holder:				
	Date	Sigr	ature of app	plicant
	To be	filled out by Study Se	rvices:	
Requirements fulfilled	Ţ			^
	·	yes	n	0
Reason why requirer	nents			
were not fulfilled:				
Date	Confirmed by Study Services (name & signature)			