

Claim for refund
(Please use block letters)

The following class has been canceled. Class number:

Herewith I please to refund the paid amount to the following bank account:

.....
Last name

.....
First name

.....
Address (street, house number)

.....
Place (ZIP, place)

.....
Date of birth (DD.MM.YYYY)

.....
Phone number

.....
Name bank account holder (last name, first name)

.....
Name bank institute

.....
BIC (if needed)

.....
IBAN

I do confirm the completeness and its accuracy. With my subscription I agree the USI Klagenfurt
general terms and conditions:

.....
Klagenfurt (Date)

.....
Signature student / class attendee

Attention: Solely readable and complete claims will be accepted!

To be completed by the USI:

The total amount of € from the account unit to be transferred.

Reason:

Date: Subscription: