

**Claim for refund**  
*(Please use block letters)*

I request the transfer of the amount € .....  
due to ..... to the bank account mentioned below.

.....  
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 ..... 689400 ..... to be transferred.

Reason: .....

Date: ..... Subscription: .....

DI Mag. Robert Rassinger