


Information on data collection

 Please fill in accordingly

Last name:

.....

First name:

.....

Date of birth:

.....

Address:

.....

Postal code, town/city:

.....

☎ Private phone no.:

☎ Private fax no.:

☎ Phone no.:

☎ fax no.:

Mobile no.:

✉ E-Mail:

Entitled to deduct input tax: YES NO

Legal expenses insurance

Insurance company:

Insurance number: Claim number:

Deckungszusage

available has been applied for has to be applied for

Bank details for compensation payments

Financial institution:

Sort code: Account number:

Date:

Signature:

Data privacy notice:

Please note that the data made available to us will be electronically captured, processed and used to handle the mandate.

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