Transfer information for Payment of Participation Compensation

Payee

Name, first name:

Street, house number:

Zip code, town:

Country:

IBAN:

BIC:

Date of Participation:

Internal notes (filled out by KIT):

Studie:

Kostenstelle/PSP:

Mensch-Maschine Interaktion & Barrierefreiheit (IAR-MIB)