



registration form

(please enclose extract from the debt collection register)

name: _____

first name: _____

place of birth: _____

date of birth: _____

nationality: _____

e-mail: _____

civil status: _____

current address: _____

phone: _____
cellphone: _____

private liability

insurer: _____

college/
employer: _____

phone: _____

study/occupation: _____

accommodation: Schützenstrasse 56, 8400 Winterthur

room nr.: _____

rent per month: _____ additional costs included

collection: _____

deposit: 2 months' rent

place/date: _____

signature: _____