

## 1. Credit Card Details

I will pay the invoice amount with my credit card.

Name of participant: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

VISA                       Mastercard                      (Please note that we cannot accept other cards.)

Card number: \_\_\_\_\_

KPN number: \_\_\_\_\_  
(Last 3 digits on the back of the card)

Expiration date: \_\_\_\_\_  
(MM/YY)

Card holder's signature: \_\_\_\_\_

Please note two things for the credit card payment: First, please make sure that your bank allows international charges from Germany. Secondly, please check that the invoice amount does not exceed your credit card limit or the available balance and contact your bank if necessary.

## 2. Data Protection Notice

I agree that the personal data provided here will be processed electronically and stored exclusively for the internal processing of the payment. I can request the deletion of my data at any time and without citing reasons by contacting [datenschutz@erggmbh.de](mailto:datenschutz@erggmbh.de) – as long as legal requirements or a legitimate interest do not prevent the deletion. I have read the information on [https://www.erggmbh.de/en/datenschutz/2verarbeitung-personenbezogener-Daten1/Freie-Universitaet-Berlin-International-Summer-and-Winter-University-\\_FUBiS\\_/index.html](https://www.erggmbh.de/en/datenschutz/2verarbeitung-personenbezogener-Daten1/Freie-Universitaet-Berlin-International-Summer-and-Winter-University-_FUBiS_/index.html) and accept it. I confirm that I have filled in all the above information truthfully and give permission to use the credit card details provided for the payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's signature

Please send the completed document to Liza Müller either as a scan ([liza.mueller@fu-berlin.de](mailto:liza.mueller@fu-berlin.de)) or fax it to +49 30 838 471721.