

## INFORMATION FORM for non-Danish assessors/visiting lecturers

Must be sent immediately after receipt to the Faculty of Health Sciences,  
Vennelyst Boulevard 9, 8000 Århus C, Denmark, att.:

For use in my appointment as:

Member of Assessment Committee:	Mark X	➔	<input type="checkbox"/>	From:	To:
Visiting lecturer:	Mark X	➔	<input type="checkbox"/>	From:	To:
at institute/department:					

Date of birth:	
Name:	
Private address:	
Postcode and town/city:	
Private e-mail:	
<b>Bank transfer inside the EU:</b>	
SWIFT/BIC code:	
IBAN number:	
<b>Bank transfer outside the EU:</b>	
Bank name and address:	
Bank registration number:	
Bank account number:	
<b>Copy of passport must be enclosed if this position is an Assessment Committee member.</b>	

\_\_\_\_\_

Date

\_\_\_\_\_

Employee's signature