

## Registration form / Personal data

<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	
Last Name		
First Name		
Address/No		
CP/City		
Date of birth		
Phone		
E-Mail-Address		
Nationality		

**In the case of minors or supported persons, details of the parents or legal representatives, the supporting institution**

Last Name/First Name	
Address/No	
CP/City	
Phone	
E-Mail-Address	
Institution	

**Details of studies, type of training, internship, profession**

Studies Study direction	
Training Training direction	

Internship Internship company	
Profession Employer	
Monthly Net income	

**When signing a contract, we ask for a copy of the matriculation, confirmation of the teaching company or the internship position.**

Do you have liability insurance?	
Do you pay the rent yourself?	
If not: Who pays the rent?	

**Desired room type**

Room type	Room size	Contract
<input type="checkbox"/> Type 1-Standard	9.5 to 10 m <sup>2</sup>	CHF 570.00
<input type="checkbox"/> Type 2-Standard large	14.3 m <sup>2</sup>	CHF 670.00
<input type="checkbox"/> Typ 3-Comfort	16.1 to 17 m <sup>2</sup>	CHF 710.00
<input type="checkbox"/> Type 4-Comfort Shower/toilet	18 to 18.2 m <sup>2</sup>	CHF 820.00

**Rental period**

Desired rental period / from	
Expected rental period / to	

Do you already know residents of the FROHBERG?	
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Place, date:

Signature: