



EIMAS

EUROPEAN INTERDISCIPLINARY
MASTER AFRICAN STUDIES



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Bank Account Information

LAST NAME, First name(s): _____

Postal address: _____

Date of birth: _____

German tax ID: _____

My scholarship and financial support should be transferred to the following European bank account from now on:

Bank account holder: _____

Bank name: _____

IBAN: _____

BIC: _____

Date, Signature