

My desired bank account for the funding payment:

IBAN: _____

Financial institution: _____

BIC: _____

Note

This supplementary temporary aid includes co-financing by the DAAD. The transfer takes place via the International Office, which results in a period of usually a few days up to two weeks between the date of approval of the application and the actual disbursement of the funding.

Privacy Statement and Release from Confidentiality

The data collected as part of the funding process will be utilised, automatically processed, and stored according to §28 (1) BDSG to determine the eligibility of the applicant within the framework of the Public Procurement Directives and the statute of the "Fördervereins für unschuldig in Not geratene Studierende e.V.". The collected data will be kept for documentary purposes.

Furthermore, according to the framework of the Public Procurement Directives and the funding coordination, as well as in order to prevent fraud, the foundation is entitled to exchange, orally and in writing, data and information that were created as part of the application procedure with the following institutions:

- a. Protestant Student Association Giessen
- b. Catholic Student Community Giessen
- c. International Office of JLU
- d. International Office of THM
- e. Department Service and Advice (Beratung & Service) of the Studentenwerk Giessen
- f. German Academic Exchange Service (DAAD)

As far as a supplementary temporary aid is co-financed by the DAAD, data collected for the purpose of handling the funding procedure will be passed on digitised to the International Office of the respective university.

The Foundation will not pass data and information to other agencies, authorities, or persons other than the ones listed above.

If you do not sign this statement of privacy and release from confidentiality, a supplementary temporary aid cannot be granted.

Date

Applicant's signature

Declaration

I hereby certify that the information given above is true and I have not concealed any relevant information, in particular about my income and assets, and apply for long term sickness aid. I agree to my data being recorded electronically and stored for processing.

Date of application

Applicant's signature