



| Employee Identification Form     |                                                                                                                                                                                                | JGH   |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Name                             |                                                                                                                                                                                                |       |
| Given Name                       |                                                                                                                                                                                                |       |
| Date of Birth                    | . . .                                                                                                                                                                                          |       |
| Place of Birth                   |                                                                                                                                                                                                |       |
| Nationality                      |                                                                                                                                                                                                |       |
| Street, N°                       |                                                                                                                                                                                                |       |
| PLC/ZIP                          |                                                                                                                                                                                                |       |
| City                             |                                                                                                                                                                                                |       |
| Country                          |                                                                                                                                                                                                |       |
| Passport N° + Expiry Date        |                                                                                                                                                                                                | . . . |
| ID N° + Expiry Date              |                                                                                                                                                                                                | . . . |
| Phone                            |                                                                                                                                                                                                |       |
| Mobile                           |                                                                                                                                                                                                |       |
| E-Mail                           |                                                                                                                                                                                                |       |
| Tax N° Germany                   |                                                                                                                                                                                                |       |
| Social Insurance N° Germany      |                                                                                                                                                                                                |       |
| Spoken Languages                 | <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Czech <input type="checkbox"/> Slovak <input type="checkbox"/> Polish <input type="checkbox"/> _____ |       |
| Level (A fluent, B basic, C low) | A B C   A B C   A B C   A B C   A B C   A B C                                                                                                                                                  |       |
| Bank                             |                                                                                                                                                                                                |       |
| IBAN                             | . . . . .                                                                                                                                                                                      |       |
| BIC                              |                                                                                                                                                                                                |       |
| Signature BLUE                   | <div></div>                                                                                                                                                                                    |       |
| Signature BLACK                  | <div></div>                                                                                                                                                                                    |       |
| FOTO                             | <div></div>                                                                                                |       |