



REGISTRATION FORM (Purchase for you)

*Please fill in all *fields!*

Full identification of the institute

Institute*

User contact information for P4U

Title*

UZH shortname*

First name *

SAP user name (if available)

Last Name *

UZH e-mail*

Street *

Phone*

Building, floor, room (eg Y10 G 07) *

Mobile

Postcode / City *

Information about the delivery address

Street / number *

Building *

Floor / room *

Postcode / city *

Information about the order process

Role in the KWF process*

Function in the order process*

Orderer type* (Junior/Senior)

Junior: Each order is controlled by a senior. Please specify senior!

Senior: Can approve a junior's orders.

First name, last name (Senior)

Information from the examining senior is absolutely necessary, if recorded as "Junior"!

Details on the account assignment

Standard-KST/PSP*

Supervisor

First name, last name*

Signatures

Place, date*:

Applicant:

Supervisor:

Please fill in this form completely and accurately, sign it and send it back to our address