Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Employer University of Cologne		Name, forename
		Postcode, town
		Street
Reference 41.63		Date of birth Tel. number (optional)
		LBV personnel number (where known)
Personal Details For new appointment / re-appointment		
		Please complete or tick, as appropriate!
1	Nationality:	— Place of birth: —
2	Family status: a) single b) married c) widowed d) divorced e) marriage dissolved or annulled Additional questions a), d) and e): Is there a statutory or moral obligat maintenance and accommodation? d) and e): Is there a monthly maintenance oblighter former spouse?	
3	waged employee tra She/he is full-time part-time The LBV will use the place of employment activity is involved. c) sentitled to pension benefits according to principle re b) und c): Name of the employer, company or pension regulation	(Name, forename, name at birth, where applicable, date of birth) ar soldier laried employee inee with a weekly load of hours/teaching hours to be entered below to check whether a public service as of civil service legislation or a pension payment ordinance
4	I have children on behalf of whom I have an entitlement to child benefit, family allowance or increased local weighting allowance: no behalf of whom I have an entitlement to child benefit, family allowance or increased local weighting allowance: weighting allowance: will be submitted subsequently.	
5	I have received payments from another civil service beyond: no yes, from to employer:	
6	or have made a corresponding application:	nefits in accordance with principles of civil service legislation process is proceeding acc. to application dated

7	For benefit: In the year of recruitment, I was already in full-time public service employment with the government, with a state, with a local council, with a municipal association or with another member of an employers' association belonging to the association of municipal employers' associations, or with a body, foundation or establishment under public law, which applies the BAT or an equivalent collective labour agreement: no
8	I am a miners' pension certificate holder
9	I am, or have already been, in receipt of emoluments from LBV NRW no yes, from to as LBV personnel number
10	My bank details for transfer of the benefits are: at Sort code
11	The following documents are enclosed: Status declaration in respect of the examination of social insurance and supplementary pension (LBV(A)02.SV) Wage tax card; if not yet enclosed: tax classchild allowancesdenomination/_ Certificate of membership of a health insurance fund Marriage certificate Child benefit application
12	Comments:
13	I confirm that the statements that I have made are complete and correct. I am aware that I am obliged to notify the Landesamt für Besoldung und Versorgung NRW, 40192 Düsseldorf, immediately of any changes and that I must repay any excess emoluments that I have received due to failed, late or incorrect notification.
	Note in respect of data protection legislation: The personal data collected by means of this form will be processed in accordance with Section 29 of the Datenschutzgesetz für das Land Nordrhein-Westfalen (Data Protection Act for the State of North Rhine- Westphalia - DSG NRW). Your particulars are required to be able to calculate and pay your emoluments in the due amount. Your obligation to cooperate derives from your employment relationship with the State of North Rhine-Westphalia.
To b	e completed by the employer: The completeness of the information has been checked; item 7 verified as correct;
	pp (Seal)
	Place, date Signature of the employer