



Application Form – CAS Inhouse Counsel*

| Private Contact Information | |
|--|--|
| Name: | Date of Birth: |
| Surname: | Nationality: |
| Address: | E-mail: |
| Postal Code / City: | Mobile: |
| Business Contact Information | |
| Firm: | E-mail: |
| Address: | Telephone: |
| Postal Code / City: | Country: |
| Correspondence | |
| Postal Mail: Private Business E-mail: Private Business | Billing Address: Private Business Other: |
| | |
| Education | |
| University: | Year of Graduation: |
| Area of Study: | |
| Additional Studies: | |
| Occupation | |
| Company / Sector: | |
| Occupational Activity / Function: | |
| Professional Experience in Years (until the application) | ation was sent): |
| Attachments | |
| Curriculum Vitae Copy of your Passport Digital Passport Photo Copy of the University Diploma and other rele | evant Certificates |
| Registration Deadline | |
| 8 th January 2021 | |
| Place, Date: | Signature**: |

^{*} The study programmes are only carried out with a sufficient number of participants.

^{**} After receiving the confirmation of admission, you can cancel your registration within 10 days without incurring any follow-up costs.

Thereafter, the entire tuition fees are considered as owed. In case of a later cancellation the tuition fees will not be refunded. (The tuition fee must be paid before the start of the course).