

HafenCity Universität Hamburg
Student Service Center
Henning-Voscherau-Platz 1
20457 Hamburg

Date of Receipt

Request for a Replacement HCU Card

Mrs.

Mr.

Address:

Surname: _____

Street and number

First name: _____

c/o, Apartment number

Date of birth: _____

Student number: _____

Postcode, Town, Country

ahoi user name: _____

Telephone number for follow-up questions

Accounts receivable
number: _____

(will be filled in by HCU)

ID: _____

(will be filled in by HCU)

The replacement of a HCU Card will cost **80 EUR**. Please transfer the respective amount to the following HCU bank account and attach a proof of payment to this request form:

Payee: HafenCity Universität Hamburg

Bank name: Deutsche Bundesbank Hamburg

IBAN: DE06 2000 0000 0020 0015 73

BIC: MARKDEF1200

Reason for payment: Student number, Surname, First name, Replacement HCU Card

The Student Service Center will initiate to block your lost or damaged HCU Card. At the same time, the HCU Card Administration will check if there is a remaining balance on it. As a direct balance transfer to the replacement card is not possible, please provide your bank details below in order for us to process a bank transfer.

Bank name: _____

IBAN: _____

BIC: _____

After checking your request and the receipt of payment, you will be informed by email as soon as you can pick up your replacement HCU Card at the Infothek. In order to receive your new card, please bring along your valid identity card or passport.

With my signature below, I declare that the information provided is true and accurate and to the best of my knowledge and belief. In particular, I certify that I do not possess my HCU Card anymore.

City and Date

Signature