

Application Prekarifonds

Please read our statutes before completing the form.

Fill in the form as accurately as possible. You are welcome to contact us by e-mail if you have any questions.

After the application has been submitted, we reserve the right to contact you if anything is unclear so that we can check the application in the best possible way. The information will be treated confidentially and will help us to better understand your situation.

Please contact us per email if you need further assistance.

If you receive social assistance / supplementary benefits: please contact us by e-mail to discuss your specific case.

Personal details of the applicant

FAU-Member Nr.:

Surname / First name:

Contact options (tick at least one):

☐ E-Mail

☐ Phone

Amount requested Prekarifonds FAU:

Payment deadline (date):

Description of the situation (OPTIONAL):

Please enclose the corresponding invoice(s)!

Amount Prekarifonds should be transferred to the following account:

Name and address of the bank:

Account holder:

Address of account holder:

BAN No°:

If invoices / amounts cannot be paid by the Prekarifonds alone, we ask you to fill in the following financing plan:

Financing plan

Total demand (in CHF):

Amount requested Prekarifonds FAU (in CHF):

Own contributions (in CHF):

Other institutions/foundations (1 per line) (in CHF):

If you receive social assistance / supplementary benefits: please contact us by e-mail to discuss your specific case.

Place and date

Signature(s) with name(s)
