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| In order to facilitate the payment of your remuneration  we kindly ask you to complete this form an send it back to: | Dnr SLU ua ………………………………………………….. |
| **SLU (Swedish University of Agricultural Sciences)**  Attn.: ……………………………………….……………………….…..  ………………………………………….………………………………  ………………………………………….………………………………  ………………………………………….………………………………   |  | | --- | | **Please, write in block letters** | | Ers. till sakkunnig vid tillsättning/bedömning av anställning/docentur……………………………………….... …...……………………………………………..……………..  Antal/sökande……………………………..…………………  Beslut/Disputerardatum…………………………………….  Ers. till opponent/ledamot  Namn………………………………………..………………...  Handläggare……………………………..……….................  ………………………………………………………………… |
| ………………………………………………………………………………………………………………………………………………………………….................................................... | |

Family name First name Profession/title

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| …………………………………………………………………………………………………………………………………………………………………................................................... |

Date of birth Nationality Domestic country Sex(M/F)

100412 Arkiverkas centralt, lönefuntkionens arkiv 10 år. **Blankett version 2014.1**

(year,month,day)

………………………………………………..................

**Tax identification Number**

**in the country of residence**

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| …………………………………………………………………………………………………………………………………………………………………................................................... |

Home address

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| …………………………………………………………………………………………………………………………………………………………………................................................... |

City Country Your passport or other document of identification

has to be produced or copy to be attached.

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| ………………………………………………………………………………………………………………………………………………………………….................................................... |

Telephone Fax E-mail

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| For payment of your remuneration it is very important that you complete this form and the enclosed form for payment to foreign countries. Thank you in advance. Please return the two forms as soon as possible.  (Deduction for income tax when necessary according to Swedish law)  …………………………………………………………………………………………………………………………………………………................................... |

Date and signature Expected stay in Sweden

**Office notes**

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| Arvode/Fees Belopp/Amount SEK…………………….…. | | |
| Förrättningstillägg/Further ordinance Belopp/Amount SEK……………………….. | | |
| Ev. resekostnad (originalkvitton bifogas)  Travel costs compensation reported in  Primula Res (recits required) | | |
| Kst Dim 1 | | Proj Dim 2 | Fritt Dim 4 |

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Datum för beslut/Date Attest Utbetalningsbesked