



Moving notification

Important notice:

This form is only relevant for you if you are **currently a member** of AG DSN.
Otherwise you can become a member by visiting our website.

I hereby inform the AG DSN about a change of my address.

Desired date of processing: immediately _____

Full name: _____ (first and last name)

My user-ID is: _____ (If unknown: username)

Date of birth (yyyy-mm-dd): _____ - _____ - _____

My new address is:

fill in **only** if you do live in a dormitory

Dormitory/House: _____

Room: _____

fill in **only** if you do **not** live in a dormitory

Street, No.: _____

Postalcode: _____

Location, date: _____

Signature: _____